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ABSTRACT

The monograph presents a collection of 13 papers originally presented at a conference of teachers of children with behavioral disorders. Articles have been grouped into the following five categories: (1) keynote papers; (2) social skills; (3) adolescents; (4) school-based programs; and (5) related issues in behavioral disorders. Papers have the following titles and authors: "Quality of Life for Persons with Disabilities: A Time to Change How We View the World" (Eugene Edgar); "Priests on My Shoulder" (Dean E. Konopasek); "Maybe This Behavior Does Make Sense" (Richard S. Neel and K. Kay Cessna); "Social Networks of Students in Special Education Programs: Contrasts with Non-Special Education Students and Correlates of School Adjustment" (Charles Barone and others); "Determining Social Tasks: A Preliminary Report" (Richard S. Neel and Nancy Meadows); "The Road Less Traveled: Issues in Juvenile Female Corections" (Kathy Fejes-Mendoza and others); "Youth 2000 Visions: A Community-Based Program for High Risk and Low Risk Youth" (Jo M. Hendrickson, Jeffrey Roth, and Robert A. Gable); "An Examination of the Influence of Information about Social Maladjustment on the Placement Decisions of Special Education Teachers" (Kenneth W. Howell and M. Scott DeBerard); "Academic and Related Functioning of Mainstreamed and Nonmainstreamed Seriously Emotionally Disturbed Students" (Regina M. Foley and others); "Responses Which Foster Students with Behavioral Disorders' Access to Least Restrictive Environments: A Literature Review" (John J. Wheeler and others); "Evaluating Case Study Methods Used to Diagnose Behavioral Disorders" (Stanley L. Swartz); "Some Reflections on the Use of Restrictive Behavior Techniques with Autistic and Other Students with Behavioral Disorders: An Opportunity to Respond" (Jan S. Handleman); and "Providing Help: Characteristics and Correlates of Stress, Burnout, and Accomplishment across Three Groups of Teachers" (Kathleen Doherty Schmid and others). (DB)

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MONOGRAPH

In Behavioral Disorders

Severe
Behavior Disorders
of Children
and Youth

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COUNCIL FOR CHILDREN WITH BEHAVIORAL DISORDERS

The Council for Children with Behavioral Disorders is a national professional organization for those interested in the education and well-being of behaviorally disordered individuals. The Council functions to develop lines of communication and interaction among professionals, disciplines, and organizations; to promote adequate programs for recruitment, training, and consultation; to encourage research and development; to support legislation for services to these children. Toward this end, the Council publishes a quarterly journal, *Behavioral Disorders*, and sponsors national conferences in relation to these interests. An organization of some 7,200 members, the Council maintains central offices at 1920 Association Drive, Reston, Virginia 22091.

Monographs in Behavioral Disorders is a special publication issued by the Council for Children with Behavioral Disorders to augment the organization's quarterly journal, *Behavioral Disorders*. The *Monograph* is designed to treat topics in an intensive, highly-focused manner not usually appropriate for standard journal presentation.

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The first 8 volumes of the *Monograph* are available for $6.00 per single copy, or for $5.00 per copy with purchase of 10 or more, plus shipping and handling. The 11th, 12th, and 13th volumes are $12.00 per copy, plus shipping and handling. The 9th and 10th volumes were not published by CCBD; they are available from College-Hill Press, San Diego, CA.

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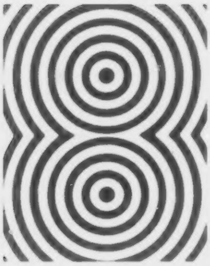

Severe Behavior Disorders of Children and Youth

Robert B. Rutherford, Jr.
Samuel A. DiGangi **Editors**

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Arizona State University, Teacher Educators for Children with Behavioral Disorders, and Council for Children with Behavioral Disorders

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Preface

The present edition of *Severe Behavior Disorders of Children and Youth* (Volume 13) represents a collection of select papers which were originally presented at the 13th Annual Conference of the Teacher Educators for Children with Behavioral Disorders held in Tempe, Arizona, in November 1989. Each article provides various perspectives on the education and treatment of students with behavioral disorders. These articles have been grouped into four categories: social skills, adolescents, school-based programs, and related issues in behavioral disorders.

We wish to thank the Executive Committee of the Council for Children with Behavioral Disorders for their continued support of the monograph series. We also acknowledge the contributions of the Consulting Editors of Behavioral Disorders. Their assistance in the review, selection, and revision process was invaluable. And we thank Anne Rhodes for her technical and content editing skills.

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Quality of Life for Persons with Disabilities: A Time to Change How We View the World

Eugene Edgar

I have always, since I was in eighth grade, wanted to be a teacher. I am a teacher, proud that I am a teacher, and plan to close my career (hopefully in the distant future) as a teacher. I offer this self-disclosure because I will say some things later on that may cause many teachers to feel discomfort. Before the discomfort, a few assumptions are appropriate. Upon reflection, I have come to realize that, as a teacher, I find fulfillment in the daily contact with people and in the belief that in some small way I positively influence the lives of my students. I firmly believe that those of us who work in special education, and indeed all of the helping professionals, can make a difference in the lives of the people with whom we work. Therefore, my chosen profession offers some opportunity for me (and others) to feel successful.

If we are serious about helping our students in their overall life, then we have the responsibility to question our belief systems, the effectiveness of our programs, and the role our political/economic system plays in *determining* the quality of the lives of our students. This will be a painful task for there are many inequities. On the other hand, this task can cause energy to come forth and people to come together as we struggle with these riddles of life and justice, education and equity, joy and self-fulfillment. I welcome the struggle and the riddles.

Review of Follow-Up Data

For the last seven years we have been conducting follow-up studies of graduates of special education (Edgar, Levine, Levine, & Dubey, 1988). We began our work with what now seem to be fairly naive questions concerning the eventual adjustment to life of former special education students. As our work progressed we became aware of the complexity of the task, as well as some basic answers to our questions. We have learned that there is a wide range of students who are served by special education. Not only are there differences among students with various types of disabilities, but even within disability type there is great variance. Some of the within disability group variance is due to our questionable labeling process, some of the variance is due to family characteristics, and some is due to unknown variables.Thus, we have developed serious questions as to the consistency of similarities between students who, on the surface, appear to be similar or have similar labels.

Other studies have been conducted by colleagues elsewhere, including Catterall and Stern (1986), Clemmons and Dodrill (1983), Fardig, Algozzine,

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Partial support for developing this manuscript was provided by Grant No. G008536049 from the Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education. Points of view stated herein do not necessarily represent official positions of OSERS. This manuscript is based significantly on two other published works: Edgar, E. (1988) and Edgar, E. (1989) — see reference list. Connie Pious and Stephanie Prince provided significant assistance in preparing this manuscript.

Schwartz, Hensel, and Westling (1985), Hasazi, Gordon, and Roe (1985), Horn, O'Donnell, and Vitulano (1983), Levin, Zigmond, and Birch (1985), Linden and Forness (1986), Mithaug, Horiuchi, and Fanning (1985), Ross, Begab, Dondis, Giampiccolo, and Meyers (1985), Sitlington (1987), White, Schumaker, Warner, Alley, and Deshler (1980), and Zigmond and Thornton (1985).

Our findings in general agree with those in the other studies, particularly those of Hasazi et al. (1985) and Mithaug et al. (1985). In this section, I will highlight some of our major findings.

Postsecondary education or training programs. Six months after high school graduation, approximately 50% of nonhandicapped students are in postsecondary programs; this reduces to 32% after 2 years. In contrast, after 6 months, 25% of mildly handicapped students (SBD, LD, mildly MR) are in postsecondary programs, reducing to 18% after 2 years. Rates for students with "only" vision or hearing problems stay constant at 60% over 2 years.

Employment. The benchmark figures are for nonhandicapped graduates. Six months postgraduation, 72% of males and 75% of females are employed; those rates, after 2 years, increase to 80% for both genders. Two years out, 42% are earning the minimum wage or more. In contrast, 68% of LD males and 56% of LD females are employed after 6 months, increasing to 78% after 2 years. However, after 2 years, *only 32% are earning at least the minimum wage.* Of mildly retarded males, 46% are employed at the end of 6 months versus 35% of females; this increases to 58% after 2 years, but at that point *only 10% are earning the minimum wage or above.* For students labeled behaviorally disordered, 57% are employed at 6 months, and 59% are employed at 2 years after graduation. However, for the total group of students labeled BD, only 20% are earning above minimum wage 2 years after graduation.

"Unengagement." The following statistics apply to graduates who are not in school and do not have jobs. After 6 months, only 8% of nonhandicapped males and females are neither in school nor in the workplace; 2 years out, this figure holds steady. In contrast, 21% of LD male graduates and 27% of LD females are engaged at 6 months, reducing to 18% after 2 years. For the mildly mentally retarded population, the figures are the following: 41% of males and 45% of females are unengaged at 6 months; 2 years out, the figure is 42%. For those students labeled behaviorally disordered, 28% are unengaged at 6 months and 32% at 2 years.

Independent living. Among nonhandicapped high school graduates, 52% are living independently two years postgraduation. In contrast, only 18% of mildly mentally retarded graduates, 40% of LD graduates, and 32% of behaviorally disordered graduates are living independently 2 years postgraduation.

Composite data. Although singly and in contrast to data for their nonhandicapped peers these findings for special education graduates are not promising, they must be considered at still another level of analysis, that is, the composite picture. How many graduates of special education programs are earning at least the minimum wage, have health and other benefits, are living independently, and report some satisfaction with their lives? The answer is bleak. We estimate that no more than 30% of mildly handicapped graduates match that portrait of "productive adulthood."

As disappointing as these data are for the special education students, we were more shocked at the data on the nondisabled population. Youth in America seem to be living in poverty. Clearly, these statements are indeed summaries because they touch on a host of other issues, such as clear definition of success, realistic expectations, kind and duration of preparation, societal attitudes, and other complex questions. Further, one must ask whether "education" can be held accountable for outcomes which are also influenced by factors outside its control, such as family and community variables, economic viability, and political trends.

Social Conditions

These problems must be viewed in a larger context. Problems facing handicapped graduates are certainly not unique; if anything, they are emblematic of a much larger societal problem. Employment is only one indicator of adult success or productivity; however, employment must be considered essential because it enables one to exercise other kinds of adult behavior -- independent living, choice in the way to spend discretionary funds, and a measure of control over one's life. Two of the most devastating "context" descriptions are provided by the National Conference of Catholic Bishops (1986) and by Sum, Harrington, and Goedicke (1987), who conducted a careful, precise study of employment problems faced by youth in America. Sum et al. report that in 1985, nearly one in five Americans aged 16-19 lived in a family with income below the poverty line, and nearly 30% lived in poor or near-poor families. They face an employment situation in which whole sectors of the economy have declined or vanished, thus wiping out full-time jobs that had formerly been available. Employment rates of 16- to 19-year-olds have plunged since the peak year, 1979. In early 1986, the "proportion of teens with jobs remained 8% below the 1979 peak and participation rates fell way below those projected at the beginning of the decade." The unemployment rate was nearly 16% above the 1979 level, and the employment/population ratio was nearly 10% below its previous peak.

What is even more chilling about the Sum et al. study, however, is that it clearly spells out in cold, hard numbers the *intergenerational continuity of these problems*. They have demonstrated that for 16- to 19-year-olds, employment and other indicators are strongly associated with family income. For instance, in March 1985 only 26% of teens from poverty families were employed, while 48% of teens from families with incomes three or more times the poverty level were employed. Nearly 33% of teens from poverty-income families were unemployed, contrasted to 13.7% of those living in families with three or more times the poverty line. These findings are also expressed in mean weeks of employment per year, annual earnings, and weekly earnings; teens from poor families were far worse off than their peers from more affluent families and will, presumably, continue the intergenerational cycle of poverty.

These findings are consistent with those of the pastoral letter issued by the National Conference of Catholic Bishops (1986), which noted that an estimated 33 million Americans live below the poverty level, a proportion that has increased by one-third since 1973. Members of the middle class are falling into the underclass. Eight million people are actively looking for work (7% of the work force), and an additional 5% are working part-time who neither want full-time work or have given up the search. Since 1979, 2 million heavy industry jobs have been lost, replaced by 1.5 million service, custodial, and fast-food jobs, half of which pay poverty-level wages and offer no benefits or career ladder opportunities.

Our health care system works well for the top 60-70% of Americans but is third-rate for the rest. We rank 19th in the world for infant mortality and for African Americans the rating is 28th (Children's Defense Fund, 1988).

Homeless people are increasing in our country, and the majority of "new homeless" people are single parent mothers and adolescents running away from abusive homes (Kozol, 1988). More and more people are falling from the middle class into the working poor and lower class. And there is even a movement from lower class into an underclass in our urban ghettos (Wilson, 1987).

These data have caused me to seriously revise my belief that individuals can expect to enjoy a reasonable quality of life in the United States if they are able and willing to work hard. I have come to question my belief that education can be the vehicle by which individuals can escape their current conditions. All of a sudden, I have come to view our social/political/economic system as THE major barrier to improved quality of life for a significant population (30-40%) of our society. Individuals with disabilities are simply one group who face problems, and the socioeconomic status of the family of the person with a disability is probably more important than is the education or treatment received by the individual. How can that be? Why is it that educational intervention cannot overcome social class?

Special Education and the Educational Paradigm

Special education in the United States has evolved over the years in a response to some children not performing adequately in the regular education program. At least since 1975 and the passage of Public Law 94-142, the overriding goal of special education is to provide supplemental compensatory educational services to students with disabilities, either to enable these students to return to regular education, or to ensure that the students have similar skills and knowledge as their peers. Thus, special education has been "driven" by the goals, curriculum, structure, and values of regular education.

Education has been called the religion of democracy (Boorstin, 1974). People believe that education insures an informed public who will in turn elect representatives who will make thoughtful decisions. As important, education is viewed as the great leveler of classes; education provides each individual regardless of social class with the opportunity to partake fully in our society. Even as the goals of education have changed in response to current trends and needs and schools now attempt to prepare all students to live in our social system, have personally fulfilling lives, and be successful in jobs or colleges (Finn, 1986), special education attempts to mirror this trend through the Regular Education Initiative. With the exception of students with moderate to severe mental retardation, special education is expected to prepare handicapped children to compete in our society; to be full-fledged members of our society.

This philosophy has set the parameters of the questions special education asks and attempts to answer. *How to teach* dominates these questions. Most of our experimentation compares various types of instructional methodology, usually focusing on very small "bits" of behavior and spanning short periods of time. This experimentation is guided by the educational paradigm which has environmental manipulation as the major — and indeed only — concept. Sequencing tasks, providing directions or models, attending to consequences (positive, negative, and corrective feedback), and providing opportunities to practice is the content of instructional methodology. These procedures are effective in increasing behavioral repertoires, developing attitudes, and increasing information bases of individuals.

This general idea has led us to believe that we are on the right track. Our ability to achieve immediate and often dramatic changes in the behavior of our students has fooled us into believing that with careful planning, interagency collaboration, conferences, technology, an additional law, a change of settings, just one more minor breakthrough, we will achieve our goal—the goal to fix our students so they will be like everyone else. This incrementalism — the belief that one more step in a long line of steps will lead us to success — is in fact, I believe, only leading us down a dark, one-way, deadend alley.

I have no doubt that educational technology is very powerful and can in fact assist most individuals in developing an impressive behavioral repertoire. I believe that without substantial behavioral repertoires individuals will not have a reasonable quality of life. However, given more or less equal skill levels, persons in the United States achieve a life style based much more on their family status than on skill level. Clearly brilliant individuals can achieve dramatic changes in their life circumstances, but for the 95% of us in the plus or minus two standard deviation from the norm, our family background determines our future life status (Kerckhoff, Campbell, Trott, & Kraus, 1989). Most jobs are gained through a family/friend network, better known as the "old boys club." With the "right" connection an individual with mediocre skills will win out over an "unconnected" person with superior skills. Who of us really believes that education can overcome social situations?

Allow me to use a very crude example. Let's imagine a young single mother without a high school education. Her family/friend network is made up of uneducated, poor, unconnected individuals. This mom has a baby with Down's syndrome. If we had a pill or a method to completely cure that baby — to eradicate the chromosomal problem — who of you believes that the baby would have an increased quality of life as an adult? In fact, I could argue that an increased quality of life would be more likely if the child kept the problem of Down's syndrome; at least there are some ongoing support programs for individuals with disabilities this severe (i.e., SSI, DD services, Medicaid). Now if this is true, how can any of us believe that early intervention programs, physical therapy, or any special education is going to have an impact on the long-term outcome for this child? I contend education is irrelevant in the long-term outcome. In fact, given the chance, I would trade all of special education for a universal health care program for all citizens. There is no question in my mind that this would result in an increased quality of life for the students we serve in special education.

I hate what I just wrote. I am angry that I live in a society that causes me to believe that what I do as a teacher makes no difference. I hate it.

The data I reported earlier on the condition of our society are real. I don't want them to be real. I would be very pleased if someone would say, "Hey, Gene, did you see the latest study? All Americans now have health care, our infant mortality rate is now second best in the world, there are jobs (with reasonable salaries) for everyone, education does allow people to find a reasonable quality of life." I would gladly return to the questions that have engaged me in the past: how to best teach kids to button their coat, read a few words, play in groups, or fill out a job application.

> I envision a society where all citizens are valued, where the basic necessities of life are guaranteed, where no one goes hun-

> gry, suffers in the cold, lives without a house, or is sick without medical care. I dream of a society where those who need help receive assistance, not with condescension but with love, where communities care about each member, where equality is a given, where the human spirit can thrive and not be separated by fences within or without the society. I refuse to give up on this dream or to be too embarrassed to repeat it aloud. (Edgar, 1989, p. I-3)

I'm still not embarrassed to write that statement. When our society is once again like that, I will return full time to the educational riddles that are important, and fun, to try to solve. But as long as this "other" society persists I cannot go back. I've crossed the line. My heart and my guts will not allow me to repress what is happening.

A year ago, I had the opportunity to visit the special education division in the Ministry of Education in Nicaragua. Prior to that trip, I had become severely environmentally depressed. How could I, or any group, do anything to combat the data on our society? If social class drives adult outcomes what chance did I have as an educator to change the current situation. At what point must a citizen say things have gone too far, I no longer am supporting this society, I must leave? I began to entertain the notion of emigration. My visit to Nicaragua has become a turning point in my life. The people I met there were well educated, very bright and competent, and facing incredible adversity. Everyone of them could have easily left the country and found a much easier life. They chose to stay to make their society better. How could I consider running from my country, my society, after experiencing these people? I returned to the States, awed by the Nicaraguan tenacity for life and motivated to do my bit to change our society. There are too many good people here and good values and good motivation for me to leave. I'm here to stay.

Things We Can Do

I believe there are three concrete activities that each of us can do that will result in improved lives for persons with disabilities and indeed for all of us. For when the human spirit of each member of society is allowed to blossom, all of society benefits. Although each of us will undoubtedly spend more time or energy in one or two of these activities, all three must be included if we are really going to make a difference.

First, we must join together in a political coalition to change the manner by which our government provides basic support to all of our citizens. As Tom Skrtic has noted, those of us who deal with the underbelly of our society — the portion of our citizens for whom life is unfair and for whom our system is not working—those of us who are aware of this group must inform our colleagues who are not aware of this phenomenon. For those Americans who read reports that all is well, that the free enterprise system is working, that government social support programs are evil and perpetuate an underclass, for this segment of our population who are truly uninformed as to the numbers of people in need, we have an ethical obligation to inform them otherwise. Those of us who encounter poverty, experience the frustration of trying to help others who face incredible despair and helplessness in their lives, who daily come in personal contact with the inequities of our society — we are the ones responsible for informing the society at large.

Who convinced Americans that entitlements for basic life services are unAmerican? How can anyone really believe that universal health care is evil? Who do you know that believes that helpless people should live on the streets without food, shelter, or personal friendships? Who among us believe that 25% of our citizens should be kept in the class of working poor?

We who believe differently must assert ourselves politically. We must form together in a third party movement. We will NEVER be successful working within the two-party system. I have not voted for a winner at the national level for 20 years. And even if some of my candidates would have won, they had compromised their beliefs so much they would not have even advocated for needed programs. I no longer believe ringing doorbells for local candidates is the answer. It's time to join the Greens, or Now's new party, or the Rainbow Coalition. Time for major political change in this country, NOT to discard the good, the personal freedoms, the celebration of initiative, and the spirit of can-doitness. But to make the world more just, to make our society a wise and caring society for all our citizens.

Second, we need a new paradigm to guide special education. Many people have been talking about paradigm change in special education (Leone, 1988; Skrtic, 1986) and they are right. The problem is, what is a realistic paradigm to replace the environmental manipulation paradigm? I believe it is time to move from the fix-it approach or the person-centered perspective and move on to a perspective which incorporates skill building with ongoing support services. For lack of a better title, I will call this model the Support Model. Under this model, we no longer only ask the questions *what to teach* or *how to teach*. We now ask global questions such as: what is needed for this individual to be a productive part of his/her community; what skills, information, or attitudes does the person need; what support do they need; what skills, information, or attitudes does the community need; and what support does the community need? Notice that this system incorporates ALL of the current educational paradigm but *adds* the notion of support to both individuals and the community. We would no longer be forced to teach an individual all the skills he/she needs to be competitive (more than competent).

Now we can replace teaching of skills with support of an individual. For example, rather than teaching (or treating or "therapizing") a student with some essential problem skills necessary to get along with co-workers, we can add a job coach to help the individual AND the coworkers get along together. Or, rather than attempting to teach an individual job skills so that he/she can compete at a level above 25% of all American workers and thus obtain a job with health benefits, we insure that all people have health benefits. Or rather than trying to devise an instructional program for persons with mental retardation that will allow them to take care of all their personal needs, we provide home care support. By including ongoing support services as a possible intervention we do NOT give up instruction; rather we ADD an option to our intervention repertoire.

In Nicaragua, the special education program is attempting to develop such a model. The desired outcome is for all people, regardless of disability, to be fully integrated into their families and communities. The role of special education is to provide support and training to individuals with disabilities, their families, and their communities in order to accomplish this goal. So approved special education services may include reading instruction, respite care, parent training, supported employment, consultant teachers, home aides, instructional material adaptation, or recreational groups. Special education may take place in the home, the community, the regular classroom, a special classroom, a special school, or the workplace. Options are increased with this model. Two major differences between the United States and Nicaragua exist which make this model less applicable in the United States. In Nicaragua, people are integrated through their society so schools must not bear full responsibility for integrating people with disabilities. Thus, a special class or special school is appropriate because the individuals are integrated in their community and the school may attend to more instructional issues rather than physical integration. Second, although it is a third world society which has an incredibly low gross national product, Nicaragua has chosen to provide basic entitlements such as health care to all citizens.

We in the United States can learn from the Nicaraguans about the development of a support model as well as how a central government can be socially just to all its citizens.

Finally, those of us in human services, and especially in education, can try to make each day a metaphor for what life should be like. I must credit this basic idea to Susan Hasazi who shared this idea with me during one of many long discussions on social justice for persons with disabilities. Our students should experience an atmosphere of caring, human dignity, and optimism. Each day they should be provided with the opportunity to learn new skills, gain new information, experience success, enjoy friendships, and anticipate the future with pleasure and joy. The families of these students should feel support and respect from us.

For those of us who are teachers this means that we must take teaching seriously, that we must struggle to refine our technology to the point that we can teach almost anything to almost anybody. Our covenant to our students and their families is that we will be the best teachers we can be. Lives of people are made better if they have good skills, have learned how to learn, and believe in themselves. We must do our utmost to achieve these outcomes with all of our students.

Our instruction should occur in a setting in which all of our students are viewed as worthy human beings. Arguing over where to teach is a viable argument, as is the argument as to what to teach and how to teach. The important point to remember, however, is that each day each of us must assume the responsibility for creating an atmosphere for life as it should be—as it should be for our students, as it should be for their families, as it should be for our colleagues and co-workers, as it should be for us. Each of us must assume the responsibility of making our daily lives a mirror, a reflection of the life we envision. If we live this metaphor we will, in fact, achieve our goals on a daily basis. In truth, what more can any of us expect from the human condition?

I honestly believe the world can get better. I believe each of us can create change and together we can make the world a better place for ourselves and the people who come to us, often not of their own free will, needing and deserving our assistance. I want to be part of a profession that leads this society to that goal. I ask you to join me in this quest to solve the riddles that will allow us to achieve that end.

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Priests on My Shoulder

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I teach math and science at the inpatient school at the Alaska Psychiatric Institute (API) in Anchorage. I had a student last year, in fact all of last year, who is chronically schizophrenic, quite often psychotic, and is not managed well on medication. I'll call him James. One day last year I was watching James work some math problems on the computer, when he stopped suddenly, turned his head to the side, and began to briskly rub his shoulder.

"What's wrong, James?" I said.

He stopped and looked at me, frowning, and said, "Priests, again."

James had priests on his shoulder. At least in his own mind he did. And his perception of them was very real and very troubling. He spent a great deal of energy worrying about these priests, and expended a significant amount of physical energy keeping them off his shoulder.

His priests were very real to *him*.

The point is that sometimes *we* may have some perceptions, not only about priests but about behavioral disorders (BD) and teaching youngsters with behavioral disorders that may or may not be borne out in the "real world" of teaching such students. And we also may have some experiences or realities for which we may have been unprepared.

Case in point: no one ever told *me* what to do when one of my students complained of having priests on his shoulder.

I've been fortunate in that I've had the opportunity to serve in a variety of capacities over the past 19 years with both regular education and special education students, in addition to university students. I've been an adjunct faculty member at the University of Alaska, Anchorage for the past 13 years, teaching graduate classes in behavioral disorders. I've served in administrative capacities, both managing programs for behaviorally disordered students as well as serving as the Anchorage School District's coordinator for teachers of the behaviorally disordered from grades one through twelve for several years. And I've been a teacher of both regular and special education students.

What I'd like to talk about today are some of the realities, that I've experienced at least, that I felt unprepared for in terms of teacher training; and also some perceptions that I have had as a result of teacher training that didn't seem to be borne out, and I'd like to talk about these perceptions and those realities primarily from the perspective of the classroom teacher.

REALITY NUMBER ONE: Behaviorally disordered students are frequently not well-liked. In fact, not being liked could almost be a sixth characteristic of the behavior disorders definition. This is particularly true of the aggressive child. To quote Dr. Jim Kauffman (1985), "Without effective means for controlling aggression, the teacher of behavior disordered children must develop a superhuman tolerance for interpersonal nastiness" (p. 209). In Anchorage, the primary reason for referral is aggressive, noncompliant, and generally nasty behavior. Teachers don't like these kids, principals don't like these kids, other kids don't like these kids, and many times their own parents don't like these kids!

Therefore, the frequent response has been to place behaviorally disordered youngsters in segregated classrooms, and often in another school. Although the notion of self-containment, particularly in another school, may seem to some to be an excessive move and contrary to what has been advocated by the Regular Education Initiative (REI; Stainback & Stainback, 1984), it is my observation that removal of a severe behaviorally disordered child from his or her home school to another placement is often a much kinder and gentler placement decision.

It has been my experience that by the time a child has been through informal interventions, the special education referral process, assessment, and ultimately certification, so much energy has been expended by the school that there is no energy left for treatment. The child is seen as too disturbed for the school to handle, and needs to leave. This is especially true for the aggressive defiant child.

When I first observed this phenomenon as the District's BD coordinator, I was initially skeptical and felt that the classroom teachers and principals were using special education as a "cop-out" and a way to get an ornery, trouble-making, unlikeable kid out of their school, and by doing that, would not have to take responsibility for providing a school program for that child.

But as time went on and I talked more with regular classroom teachers and continued to observe in regular education classrooms, it became apparent that, for the most part at least, these teachers were definitely *not* just trying to get a disruptive student out of their building. They were doing their best to manage a difficult child. They were frustrated, but weren't uncaring. They were exasperated, but not untrying. They tended to see special class placement not as a way out for *themselves* necessarily, but as a way for a troubled student to receive needed help. And so special class placement was the option most often selected, and for most of these kids, it turned out to be a pretty good option.

Students as well as parents often viewed a new class placement as a chance for a fresh start — some realistically so. Others, however, had the mistaken notion that the change of environment itself was enough. But as you probably know, geographic cures alone by and large don't work.

Is there a way to interfere with this cycle of special education referral, certification, and placement outside the home school? I believe there is in some cases.

From my perspective, the answer lies in early intervention. And I'm not necessarily speaking of *preschool* prevention programs either, although I feel they are critically important.

I'm speaking of pre-*special education* intervention. Specialized intervention needs to occur long before a BD referral is initiated. Support needs to be available when a regular classroom teacher says, "You know, I'm having a real problem with __________," not after so much time has passed that a referral for BD certification is in the works.

As BD coordinator in Anchorage, part of my job involved providing inservice training to teachers, particularly in the area of behavior management. Invariably, after I'd made my presentation and we had time for questions, somebody would ask, "What do you do when you've got a kid who. . .?" It was clear these were not philosophical, abstract questions. They referred to specific children, students who may later be the target of a special education referral if the teacher is unable to help resolve some problem behavior. If the problem is addressed early on, the teacher still has motivation and energy to invest in the kid but *needs* additional support and skills. If it doesn't happen early, it's often too little, too late. Certainly, a step in the right direction is teacher or student assistant teams. Several sessions during this conference have been devoted to such teams (McCullough, & Phillips, 1989).

REALITY NUMBER TWO: Behaviorally disordered kids don't always get better. Some do get better, some get worse, and some survive, on the fringes, in the "Twilight Zone" of mental health.

Of the ones who get better, some get remarkably better.

I remember a student we had at the McLaughlin Youth Center, a juvenile detention facility in Anchorage. This young man was sentenced for regularly beating up the town constable in his village. Although he was quite bright, he was a poor achiever in school and had extremely poor social skills. (This fact was verified by me and several other teachers, as well as the constable from his village.) A couple of years after his discharge, he showed up for a visit in uniform, wearing an airman's stripe. He was polite, spoke reasonably well, and even listened without interrupting. I asked him what had happened to turn his life around. He told me he'd just gotten tired of "banging his head against a wall" and that the fighting and jail and everything that went along with it just wasn't worth it anymore.

At some time during those two years he made a decision to change his life. I think we all hoped he would give us credit for some of his progress. But he didn't. Maybe kids sometimes get better *in spite of* any influence we may have had on them. But I'd still like to think that some of the adults he'd come in contact with during that time had an effect, something they did or said that he remembered. Something that helped to make a difference.

So some youngsters *do* make progress and grow beyond the behavior and emotional problems that have interfered so much with their development.

Other children, however, get worse. They grow into disturbed adolescents and adults and enter the criminal justice system or find themselves in psychiatric hospitals, or both.

There are patients at API that we had as young children in our elementary classroom, then again in our adolescent program, only to graduate to an adult ward, chronically impaired and able to function only in the restrictive setting of the state mental hospital. I see some today. They stop me in the corridor and ask about some patient or staff member on the adolescent ward. Others who have been on an adult ward for a longer period of time may point and say, "I know you." Others just stare.

Some children, however, don't seem to get better. They don't seem to get worse. They just seem to grow older and occupy a sort of "fringe zone" of unsuccessful personal and job relations, and general unhappiness.

About ten years ago, we had a brother and sister in the hospital. They were from an extremely dysfunctional family. Both had had prior hospitalizations, poor school attendance, no friends, and were otherwise socially withdrawn. The brother was discharged home after several weeks, although the girl remained in the hospital. She expressed interest in working on her GED while in API and maybe getting into a local cosmotology school and earning a license to cut hair. She contacted the school for the necessary admission information, obtained permission from her parents, and began attending cosmotology school from the hospital. Several weeks later she was discharged from API with follow-up care and encouragement to continue her schooling.

She nearly completed the first six weeks before dropping out. She saw her counselor rarely, and was readmitted briefly to API once more, this time to an adult ward. She failed to complete her GED, and more or less dropped out of sight along with her brother. I suspect they are still in town, surviving somehow. It's a sobering scenario but a reality none-the-less.

What's the message from this reality — that not all disturbed kids get better? My message to teachers of behaviorally disordered students is to enter the profession and the classroom with your eyes open and be willing to accept the fact that, in spite of what you do, some of your students will lead unhappy and disturbed lives. Some of your students will die because of their emotional disturbance. If you teach disturbed children you must be strong enough to avoid judging your professional competence by how well your students do. If you're not able to do that, you set yourself up for a short and disappointing career. And you carry enough of a burden as it is. You don't need that additional emotional load.

I also think there's a subtle perception that teachers of the behaviorally disordered feel a certain curative responsibility for their students. We don't cure sensory handicaps (visual, hearing impairments, etc.), we don't cure retardation, and we argue about whether or not we cure learning disabilities. We teach compensatory skills and remediate skill deficits.

But with behavioral disorders it seems that, given your work and effort and time, you ought to be able to turn a certified disturbed child into a nondisturbed child. Few students though, that I'm aware of, are emotionally disturbed only in the school setting. Taking a curative stance is to assume an awesome and impossible responsibility. As teachers of the behaviorally disordered, you have the responsibility to utilize your training and the available technology to do whatever you can to provide your students with the skills that will increase their chances of coping with the day-to-day demands of life. That's a tall order, and it's enough.

REALITY NUMBER THREE: Mainstreaming self-contained behaviorally disordered kids back into their home school often isn't such a good idea. Under Public Law 94-142 we are obligated to provide education to handicapped youngsters in the least restrictive environment. This almost always implies that the goal should be to move kids back into the regular milieu within their home school when their behavior over time improves to the point where such a move makes sense in the judgment of the child study team.

As the BD coordinator I was involved in numerous transfers from self-contained classrooms back into a home school setting. In nearly every case the result was disastrous. No matter how long a child has been absent from the home school environment that spawned the initial referral and placement in a self-contained classroom elsewhere, there's always someone in that school who remembers the child. Teachers tended to remember the child as he or she was at the time of placement, with little appreciation for any progress made in one or two or even three years absence in a program for the behaviorally disordered. And so the child is set up for failure before he walks in the front door. What's mandated as good for the student from the perspective of least restrictive alternative becomes a sentence to an environment where he has failed miserably.

We need to give some consideration to the best interests of the students we serve when we talk of mainstreaming or least restrictive environment. For many behaviorally disordered youngsters — and I'll go so far as to say for *most* behaviorally disordered students with whom *I've* been involved — return to the home school after self-contained placement is setting the stage for another failure. The least restrictive environment may not be the student's home school!

REALITY NUMBER FOUR: Being a teacher of the behaviorally disordered in a public school is extremely wearing. Unless you teach in a day school or residential program serving behaviorally disordered kids exclusively, your kids are the worst kids in school, period. Unfortunately—or fortunately, depending on your perspective—the teacher of the behaviorally disordered is intimately associated with his or her students in the minds of fellow teachers, the principal, and many times parents. How many times have you heard

> Do you know what one of your kids did today? or
> Kelly's one of yours, isn't he? or
> If you want your kids to have PE, then you'd better arrange for the MPs to help out, or
> It's not YOU, mind you, but, well, your kids. . .

As if you don't have enough to worry about just managing your kids, now you avoid the faculty lounge in fear of being assaulted by the librarian with a copy of Penthouse she found hidden in among the *Animal Friends* books. "Do *you* know anything about this?"

Related to this, then, is the issue of burnout among teachers of the behaviorally disordered. Burnout is a very real danger within the profession. It's due partly to the types of kids with whom we work (the fights in the hall, the complaints from the bus driver, the food thrown in the cafeteria, the creative language they use as they evaluate the work we've assigned). It's due partly to the parents who don't show up for meetings, who demand to know why their child lost his self-manager button, who threaten to sue because their child lost his self-manager button while being physically restrained on the floor, who confide to the teacher that the father is abusive. It's due partly to other teachers who want to know, "Can't you *do* something with this kid?" It's due partly to administrators who deny teachers' requests for transfer out of behavioral disorders because the teachers are too valuable in their current position, who may not understand that behaviorally disordered kids and classrooms for these behaviorally disordered kids are going to draw a certain amount of negative attention just by their very nature. And it's partly internal — that you are responsible for these kids, that you should be able to cure them. It all builds.

Certainly not all teachers feel such burnout. And others feel it to one degree or another. What helps? How do you maintain a good sense of perspective and maintain a semblance of mental health while working with this difficult population? Peer support can help. It's important for teachers of the behaviorally disordered to get together periodically. Catharsis can help, so long as it doesn't develop into just gripe sessions. Share ideas and strategies.

You administrators who have the opportunity (or responsibility) to work with teachers of the behaviorally disordered in your district can play a key supporting role in maintaining good staff mental health. Administrative support is crucial. We all want good administrative support. Just *being there* goes a long way. Don't put your visit on your "Oh, God, I've Got to Go *There* Today" list. Spend time in the classroom with the teacher. Spend time in the classroom with the kids. The message will come through loud and clear that you care.

REALITY NUMBER FIVE: Once in a while you have a behaviorally disordered or emotionally disturbed student who makes all of the other realities worthwhile. Once in a while, maybe once in a great while, a student comes along that touches you somehow, for some reason you may not even understand. And these students may be difficult to like, even for a BD teacher. They may not get any better. They may never be mainstreamed. And they may be very wearing. (All the realities!) But for some reason they are very special.

I remember a boy like that. He's 21 now and has been in residential care for the past eight years or so. He came to API as a 9-year-old. A career special education student, he was becoming increasingly aggressive at home to his siblings and parents with major tantrums and bizarre behavior far beyond his parents' ability to cope.

He was a slender, gangly boy who always walked tilted far forward with his hands held behind him, always on the verge of off-balance. And oftentimes he was. He wore black-rimmed glasses that continually slipped to the end of his nose. One pant leg was always tucked inside his boot, the other pulled over the top. He had some mild motor problems which caused a slight jerking when doing handwriting or other fine motor tasks. He had poor affect and wouldn't laugh and rarely smiled and when he was excited he would shake. And he always spoke with a sense of urgency. But he was pretty smart, especially in science.

He fell into the swimming pool one day and was thrashing about and shrieking in water only a few feet deep. The lifeguard pulled him to the side and asked if he was all right. He said, "Yes, but my respiratory mechanism was somewhat halted."

One evening he plugged up the shower drain with paper towels for some reason, causing the drain to overflow. When questioned about the incident by the nursing staff, he replied, "It was local and global flooding caused by the melting of the polar ice cap."

When presented with his daily phonics lesson, he whined, "This phonics is just a bunch of tabloid garbage."

During psychological testing he was asked who Charles Darwin was. "I don't know," he said. "Well, take a guess," the psychologist said. "I don't know. Could he have been the original voice of Pac Man?"

When asked what he was going to do for Christmas vacation, "I'm going to cancel myself from this hospital and accept the consequences of not being here. And then I'm going to have a Christmas feast with my father and my father's wife" (who, by the way, was his natural mother).

And finally, one day he came up to his teacher (who is also my wife) and asked, "Do you know of Tony's Giant Board of Cookies?"

"Well, no," Kate said.

"It's beautiful and it consists of several kinds of cookies. An ice cream cake will melt, but the lights of the exhibit hall won't melt the cookies. The wall of cookies might change my future. I'm not going to start that new life til I eat the cookies off the wall."

"What will your new life be?" Kate asked.

"I have some thoughts about it," he said.

"Can you tell me?"

"I'm not going to tell you, but. . .I love you." And he patted her on the cheek.

He was the one who made all the other realities worthwhile for me.

My goal today was to talk about perceptions and *five* realities about emotional disturbance/behavioral disorders from *my* point of view, that of a teacher of these youngsters. Perhaps you recognized some of the realities I've discussed.

Nothing in my formal training prepared me for these realities. That puts them in the purview of OJT — On-the-Job-Training. There's a message here for teacher educators. Let's make sure we're preparing teachers that understand and appreciate the demands of the profession.

The realities are there. The perceptions, however, are my own. And the challenges for you and children with whom you work are great. Thank you very much.

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Maybe This Behavior Does Make Sense

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Children with behavior problems often act in ways that are frustrating to teachers. Why? According to the second author, it is because they did not go to the same methods class that teachers did. A cursory look at the differences between academic instruction and "behavior problems" highlights some of the sources of frustration. Academic instruction is scheduled by the teacher. The materials are selected and presented in a planned manner. Attention is given to what is presented, how the children respond, and correction is given when necessary. In sum, the teaching process is controlled by the teacher. Behavior problems, on the other hand, occur whenever a child wishes to bring them up. The form they take is selected by the child. Usually the teacher and other children are the ones who respond with "correction" given to the child with behavior problems. Teachers feel reactive, not in charge; certainly this is not what was described in their methods class. It is no wonder that most programs developed for dealing with children's problem behaviors focus on reducing these behaviors. Problem behaviors become things that teachers want to control or erase.

Behavior problems are viewed as interruptions of the teaching day that disturb the normal school process. We often think as teachers that when we have to attend to these problem behaviors we are prevented from providing more important academic instruction. Problem behaviors do, in fact, compete with academic instruction. Additionally, they often make teachers feel that the classroom is out of control. If teachers must contend with behavioral instruction as an integral part of their jobs, methods need to be developed that help teachers look at problem behaviors in ways that lead to *instructional* programs that can be effectively implemented in the classroom. This article describes such a method. It is a report of a differentiated programing process developed by the Colorado State Department of Education and the University of Washington. As in all processes, the products produced are in a state of perpetual draft. It is our intent to present a needs-based instructional focus to the education of children with behavior problems, and to solicit input from the field.

Behavior Is Something to Teach, Not Control

Cessna and Adams (1989) have identified the critical components of instruction for handicapped children in schools: differentiated academics, life skills, and developmental/compensatory instruction. Briefly, differentiated academics are the adjustments we make in teaching academic subjects to accommodate various handicapping conditions. Life-management instruction involves managing employment, various environments, and self. Developmental/compensatory instruction focuses on helping children develop previously undeveloped skills or teaching them ways to compensate for their disability.

A central question in providing an appropriate education for children with behavior problems is to decide which developmental/compensatory skills need to be taught. In other words, how do we make *instructional* sense of the behaviors we see? To answer this question, two concepts need to be introduced: behavioral intent and replacement behaviors.

Behavioral intent is the functional relationship between the behaviors we observe and the outcome desired by the child. When a child acts, even with behaviors that we view as disordered, s/he acts to achieve a result. This desired result or outcome can be viewed as the intent of the behavior. It is, of course, an inferred intent similar to the communicative intent of pragmatics in language. The important feature for instruction is the relationship between the intent and the series of behaviors that are observed. It is the connection between outcome and event that is critical to providing effective instruction of social behaviors.

Replacement behaviors are appropriate behaviors you teach a child to use to achieve her/his behavioral intent, new behaviors that the child can substitute for her/his problem ones yet still reliably achieve the desired outcome. It is the connection between problem behaviors, behavioral intents, and replacement behaviors that will help teachers identify the developmental/compensatory curriculum for children with behavioral disorders.

The concept of replacement behaviors is a deceivingly simple one. A thorough discussion of what replacement behaviors are (and what they are not) is required if teachers are going to adequately shift their methods of teaching to one of instruction rather than control.

What Are Replacement Behaviors?

The concept of replacement behaviors is based upon two assumptions. First, behavior is purposeful and achieves a desired outcome for the child. It is the achievement of this outcome that shapes the specific form of a behavior. Briefly stated, behavioral intent (purpose) defines behaviors (forms). The relationship between intent, forms, and outcome achieved is a shorthand summary of the effects of perceptions, previous learning, existing stimuli, and reinforcers. This concept does not contradict the notions of behavioral analysis; rather it expands them to include the connection between intents and outcomes necessary to form an instructional paradigm. (See Neel and Cessna, in press, for a more detailed description and analysis of this question.)

Second, outcomes sought by children with behavior problems are not pathological. A recent study by Neel et al. (1989) asked a group of teachers, school psychologists, social workers, and school administrators to identify their list of most problematic behaviors. The results of this study showed that when these problem behaviors were analyzed for their outcome (intent), an overwhelming majority of them were used to achieve outcomes desired by *all* children and adults. In short, problem behaviors are inappropriate forms of nonpathological intents. A major implication for teachers is that the outcomes (intents) achieved by problem behaviors are valid for all children; thus they are a legitimate focus of classroom instruction.

If we assume that the behavioral intent demonstrated by the child's behavior is valid, then our instructional task shifts from controlling behaviors to teaching alternative behaviors to reach the same outcome. In other words, we need to focus on ways to teach replacement behaviors that are more socially acceptable yet still achieve the same outcome for the child. Problem behaviors do not need to be eliminated by environmental management and control. Rather, they are appropriate forms used to reach valid outcomes that need to be replaced with forms that are more socially acceptable in the settings where they appear.

Currently, teachers often fail to view problem behavior as an instructional task involving replacing forms of behavior. They tend to focus on reducing the behavior or substituting a behavior that will achieve a *different* outcome. For example, many programs focus on punishing a particular behavior (e.g., response cost) and/or rewarding a behavior that competes effectively with the problem one (e.g., on task, spelling, etc.). Other programs design interventions that prevent the problem from occurring. Class assignments are designed to prevent frustration, provide feedback at a high frequency, and adjust the cues and commands to avoid vagueness and ambiguity. When the problem behaviors reduce in number, the program is viewed as a success. In all of these cases, the validity of the behavioral inferred intent is denied. When *the* curriculum emanates from the teacher, the instructional needs of the child are often discounted or missed altogether. The curriculum for children with behavior problems (and we would argue the same for all children) must originate from the child. Teachers need to keep their instructional focus on effectively replacing problem behaviors with ones that are more socially acceptable while keeping intended outcomes intact. Only when we accept problem behaviors presented by the child as diagnostic data for needed instruction will we be able to make sense out of them.

Replacement behaviors are not synonymous to the *fair pairs* described in the behavioral literature, a term given to instructional programs that reduce the problem behavior directly while increasing another competing behavior. Such a technique "works" if the only measure of success is the reduction of problem behaviors in a particular context. As Gresham (1986) points out, the success observed is fleeting when the conditions and/or settings are changed. Our position is that fair pairs are legitimate instructional strategies on the intent level in that a fair pair attempts to induce a child to select another desired intent. For example, if a child began complaining in order to escape an assignment, a fair pair would be to "trade" a method of gaining attention or praise (e.g., completing correct math problems) for the need to escape. Included in the deal would be the addition of rewards and other environmental adjustments that would reduce the need to escape. If the child accepted the trade, then the problem behavior would likely be reduced. What would not be changed, however, would be the behaviors (forms) used to escape when the need for escape returned in another context. It is at this level (forms) that a focus on replacement behaviors is required.

Analyzing Outcome: The First Step

The importance of analyzing the outcome of a series of behaviors cannot be overemphasized. Without accurate knowledge of the outcome achieved, it is likely that the instructional intervention designed will be at best ineffective, and at worst will contribute to creating a more severe problem.

The example of truancy will illustrate the importance of outcome analysis as the first step in teaching replacement behaviors. Most schools have one or more children who occasionally self-schedule their school day. Often they stay home for any reason, or they leave school when the mood suits them. Many enter class late, and a few of the more bold leave class early. The major intervention for truancy is suspension and/or expulsion. (If you won't come, then you can't come!) When groups of teachers are asked if they think suspension/expulsion is an effective intervention, they resoundingly vote "no". We would suggest that for some children it is very effective, and for others it is not. Why? First, you need to look at the possible intents of the behavior. Here are three: escape from work or some bully; gratification from some activity elsewhere (e.g., getting high, going to the mall, etc.); or attention (three phone calls, two visits, and a letter to mother). If the desired intent is the first two, then suspension is not the instructional intervention of choice. It is, in fact, contributing to the problem. If, however, the intent is attention, then suspension may be one viable component of the instructional intervention (assuming that you can control attention at home), providing that you are teaching socially acceptable ways to achieve attention at the same time.

The point is that without knowledge of the outcome the behavior is designed to achieve, we are as likely to add to the problem as correct it. By analyzing the intent of the behavior we can determine which set of replacement behaviors to teach (in this case, behaviors that get attention). Remember, we are assuming that the presence of the behavior "legitimizes" the need for teaching ways to get attention. The instructional program would include the teaching of ways to gain attention (replacement forms) while keeping the access to attention (desired outcome) open. This allows the curriculum to be driven by the instructional needs of the child. It truly becomes an individualized program based upon the ever changing social needs of the child.

Outcome Analysis Worksheet: A Draft

The following is a list of steps you can use to analyze a series of behaviors to determine its behavioral intent (outcome). This is a draft in process. It has been tried with a set of teachers in Washington and Colorado with encouraging success. This process is evolving as we collect more information on its use. We offer it here as our best thinking to the moment.

Step 1: State the problem in your own words (running narrative).

Step 2: Break up the narrative into discrete incidents. Each incident should include a problem behavior and what a child and others did until the event ended. If your narrative only has one event, see if you can remember other events that are causing problems for the child.

Step 3: If one or more of the events listed are not complete (e.g., has a problem behavior and description of the actions of a child and others until event ends), gather needed information to complete it (them).

Step 4: Add any additional incidents you feel are important that were left out in Steps 1-3.

Step 5: Select the probable outcome (intent) for the child for each incident (use accompanying definition sheet as a guide).

Step 6: Group outcome(s) from Step 5.

Step 7: List theme(s) [largest group from Step 5 becomes your major instructional theme; smaller group(s) become your secondary theme(s)].

Step 8: Select formal, informal, and environmental adaptations necessary for primary and secondary themes.

Step 9: Plan your instruction.

DEFINITION SHEET

Outcome	Description
Power/Control	When child seeks control of events and/or situations; characterized by child acting to stay in situation and keep control of events.
Protection/ Escape/ Avoidance	When child seeks to avoid a task, activity; escape a consequence; terminate or leave a situation; when a child seeks to avoid danger, pain, or uncomfortable situations or events.
Avoidance	When child seeks to avoid a task, activity; escape a consequence; terminate or leave a situation; when a child seeks to avoid danger, pain, or uncomfortable situations or events.
Attention	When a child becomes the focus of a situation; draws atten tion to self; result is the child puts herself/himself in the foreground of a situation; discriminates self from group for a period of time; distinguishing feature is that of becoming the focus as the end product of the behavior.
Acceptance/ Affiliation	Child seeks to connect/relate with others; mutuality of benefit is present.
Expression of Self	Child seeks forum of expression; could be statement of needs or perceptions; demonstration of skills and talents.
Gratification	Child seeks self-reward/enjoyment; distinguishing characteristic is self-directed; others may play agent role, but self-reward/enjoyment is central outcome of activity.
Justice/Revenge	Child seeks settlement of difference; restitution or contrition are usually involved; settling the score.

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Social Networks of Students in Special Education Programs: Contrasts with Non-Special Education Students and Correlates of School Adjustment

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ABSTRACT

The role of social support networks as resources in well-being and adjustment has received considerable research attention. Work in this area with youth receiving special education services because of behavioral and learning problems has been minimal, despite the fact that their special needs may magnify the importance of interpersonal resources in adjustment. The current study examined the role of social networks as mediators of school adjustment for 83 senior high school students attending special education programs for youth with behavioral or learning problems. Composition and quality of network relationships for these students was compared to that of demographically comparable controls ($n = 111$). In addition, within the special education sample, the relationship between school-related network indices and school outcomes were evaluated. Networks for students in special education programs and control counterparts showed a good deal of similarity, although the special needs students were found to rely more heavily on school adults and less heavily on peers for emotional support. School adults were also perceived as being more helpful for this group. Within the group of students attending special education programs, school satisfaction was linked to number of relationships with school adults and helpfulness of in-school friends. Students who rated adult school relationships as being more stressful tended to be rated as more verbally hostile and dependent by teachers. While the number and quality of in-school friendships were largely unrelated to school outcomes, the number and quality of friendships outside of school were linked to several indices of school difficulties including greater absences, less school satisfaction, and higher teacher ratings of school maladjustment. These results are discussed in terms of past findings and current implications.

The purpose of this study is to examine the role social relationships play as resources in the lives of students with emotional or learning disabilities. The rationale for pursuing this line of inquiry comes from a large body of psychological and sociological literature, which is often referred to as the study of *social networks* or *social support*. The bulk of this work has been conducted with adult

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samples. When focused on children or adolescents, these studies typically have been conducted with normative samples of youngsters. As such, relatively less is known about how youngsters with special needs utilize and benefit from the formal and informal relationships they have with others, despite the fact that such relationships may play an important role in their adjustment.

The need exists both for descriptive data about the social networks of students with special needs, and for information about the way in which network members may be most helpful in facilitating the adjustment of these youth. Accordingly, the present study has two broad purposes: (a) to compare the social networks of students in special education programs with those not in such programs, and (b) to examine the relationship between the social network characteristics of special education students and various facets of their school-related adjustment.

The following discussion is organized into three parts. First, the authors present a brief review of the research on the social networks of adolescents. Second, methodology and results of the current study are presented, followed by a discussion of the implications of these findings.

Review of the Literature

This review will provide a context for the current analysis. (For more comprehensive reviews, see Heller and Swindle, 1983, and Vaux, 1988.) The purpose here is to introduce the reader to the types of constructs which have proved useful in the study of social networks and to review prior empirical work which has contributed to the rationale for the current study.

Social Support Constructs

An increasingly large number of reviewers of the literature (e.g., Heller & Swindle, 1983; Mitchell & Trickett, 1980) have called for more refined delineation of social network constructs. For example, in contrast to some earlier studies which viewed "support" as a unitary construct or which aggregated support from different sources in creating measures of the construct, many researchers have found it useful to define more specific types of support and to differentiate the support received from different network subgroups. The underlying idea here is that these types of distinctions reflect the differential meaning and usefulness of different types and sources of support. In this section of the article, we will discuss three aspects of social networks which have been generally recognized in the literature (Barrera & Ainlay, 1983; Heller & Swindle, 1983) and which are relevant to the present study: the context of network relationships, the types of interactions that occur with network members, and the perceived quality of relationships.

The first aspect, the relationship's social context, refers to the type of relationship the focal person has with network members (e.g., family, friends, formal service providers). The idea here is that support may have different meaning and impact as a function of the role relations between those persons providing support and those receiving it. Drawing this distinction enhances the understanding of network relationships in two specific ways. First, such an approach to assessing social networks provides information about the representation of various groups, which is not apparent in summary indices such as overall network size. For example, as discussed in more detail below, preliminary studies suggest that, while the overall size of networks for students in special education programs may be similar to that of their mainstream counterparts, the particular composition may be different (Barone, Leone, & Trickett, 1988; Barone et al., 1989; Schmid et al., 1988).

The second advantage of differentiating network relationships is that the source of support may determine its effectiveness as a facilitative factor in adjustment. For example, support from some groups may have impact only in certain areas of adjustment, while the effect of support from other groups may have more general implications. This is supported by reviews which suggest that those researchers who do not make distinctions between network members from different groups and aggregate information about such relationships often fail to find significant correlations between support and adjustment-related outcome indices (e.g., Cauce, Felner, & Primavera, 1982).

A second aspect relevant to the present study is the type of interactions the focal person has with network members. Most often, social network researchers have been interested in the occurrence of potentially supportive interactions. Rather than treat support as a unidimensional construct, several researchers have proposed typologies for cataloging such supportive transactions (e.g., Barrera & Ainlay, 1983; Mitchell & Trickett, 1980; Vaux, 1988). Although the resulting classification schemes are not without differences, the schema offered by Mitchell and Trickett (1980) conceptualizes some of the key elements noted in most typologies. These authors suggest that social support functions can be divided into four categories: task-oriented assistance, emotional support, information, and communication of expectations.

These various functions are hypothesized to impact on adjustment in different ways depending on the individual's needs in a given situation. For example, for individuals experiencing a high degree of stress, emotional support may be important, while for individuals pursuing employment, support related to information or guidance may be more salient (see Albrecht & Adelman, 1987, and Granovetter, 1973, for discussion of different network functions). Given the adjustment related problems of those served in special education settings, in this study we will focus on the provision of emotional support which involves the availability of network members with whom one can discuss problems or worries.

A third aspect of social networks concerns perceptions of relationship quality. The focus here is not on the structure of the network or its helping modes, but rather on the individual's subjective beliefs about the quality of help received from various persons in the network. A variety of studies, for example, have linked perceived network support or satisfaction with indices of well-being (Barone, Aguirre-DeAndreis, & Trickett, 1990; Cauce, Hannan, & Sergeant, 1987; Procidano & Heller, 1983). Some studies suggest that the recipient's evaluation of the perceived quality of support may be the most reliable predictor of his or her adjustment (Barrera, 1981). Although the focus of most social network research has been on helping modes, some reports have suggested the utility of also studying relationship stress which may be somewhat independent of perceived helpfulness and which may have a different pattern of correlation with outcomes (Barrera, 1981; Fiore, Becker, & Coppel, 1983; Rook, 1984). Thus, this study will focus on two dimensions of relationship quality, helpfulness and stressfulness.

Relationship of Social Support to Adjustment: Empirical Findings

The main focus of social network research has been to identify the ways in which social relationships can facilitate adjustment and well-being. One approach has been to identify the types of resources available to those in different life situations; this approach usually involves the comparison of some identified clinical population with a nonclinical population which serves as a control group. A second approach has been to explore associations between network characteristics and outcome indices. The results of these types of studies have implications for both the ways in which individual and environmental factors mediate the types of social resources one has available, and the way in which different types of networks may be differentially helpful in promoting adjustment.

Likewise, the purposes of the present study are twofold: (a) to identify similarities and differences between the social networks of students in special education programs and those of their mainstream counterparts, and (b) to establish the relationship between network characteristics and adjustment related outcomes for students with learning and behavioral adjustment problems. Each of the two types of studies (sample comparison and network/outcome) are reviewed in the present section in turn.

A. Sample Comparison Research

Much of the sample comparison research has involved comparison of clinical and nonclinical populations, and chiefly has been directed at comparing psychiatric patients with normative samples to highlight areas of difference. One early study (Tolsdorf, 1976) found that patients who had been hospitalized for psychiatric reasons were more likely to have networks which included fewer friends and a greater number of family members, in comparison to controls hospitalized for medical reasons. Other studies have found that treatment groups report higher percentages of formal service providers in their networks and fewer natural sources of help in comparison to controls (Froland, Brodsky, Olson, & Stewart, 1979).

With respect to the concerns of the present study, our own pilot findings suggest some differences between the networks of students in special education programs and those of their mainstream peers. For example, adolescents diagnosed as seriously emotionally disturbed incorporate a greater number of formal adult service providers and a fewer number of friends in their networks than do their control counterparts, and rely on a greater proportion of their network for emotional support (Barone et al., 1988; Schmid et al., 1988). While the relatively small and heterogenous age group used in these studies suggests the need for some caution in interpretation of results, it does build a case for the potential benefit of comprehensively contrasting the social networks of students in special education programs with those of their control counterparts.

B. Social Support Outcome Research

Other research has examined the relationship of social support indices to measures of well-being. Research on adolescents and children suggests that social support networks can play an important role in mediating adjustment to life stressors and can influence school motivation and academic outcomes (Barone et al., 1990; Cauce et al., 1982; Sandler, 1980). In one study related to the authors' work, for example, Barone et al. (1990) found that greater perceived support from family, friends, and school personnel was linked to more positive school-based and individually-based outcomes following the normative transition from eighth grade to high school.

Many other studies suggest that social relationships, especially those perceived as supportive, can facilitate the psychological and scholastic adjustment of children and adolescents (e.g., Barrera, 1981; Cauce et al., 1987; Felner, Primavera, & Cauce, 1983). However, it should also be noted that some studies have found negative effects resulting from interactions which are described as being supportive. With regard to adolescents, findings have been particularly equivocal for the relationship between peer support and adjustment. For example, in contrast to some studies which indicate facilitative effects for peer support (e.g., Barone et al., 1990; Cauce et al., 1987), other research links support from peers with poorer school performance and increased risk for drug use (Cauce et al., 1982; Vaux, 1981). Thus, the present study attends to both the positive and negative effects of social exchanges, especially with regard to those involving peer friendships.

In summary, both sample comparison and network/outcome studies validate the potential usefulness of studying the role of social networks in the adjustment of students with learning or emotional difficulties. However, the almost exclusive focus on adults and normative adolescent populations in the present literature cautions against the generalization of the findings to populations who are experiencing behavioral and/or emotional difficulties and who are involved in settings which provide them access to formal sources of help. The authors believe that a more specialized approach which incorporates the potential role of both formal and informal sources of support and which looks specifically at how social support mediates school adjustment in populations of troubled youngsters will lead to a more comprehensive understanding of these youth.

As the above discussion suggests, there are a large number of network aspects which can be studied. For the sake of clarity and parsimony, the present authors chose to narrow the focus to include comparisons and variables which reflect the types of concerns related to work with youth in special education settings. The first purpose of the study is to compare the network structures of students with learning and behavioral problems with the control group. Here, the literature suggests the utility of (a) examining the relative representation of five groups (family, school adults, out-of-school adults, school friends, out-of-school friends); (b) examining the subset of network members who provide the students with emotional support, given that the literature has consistently suggested the importance of such relationships, and that it may be that these types of relationships are particularly important for students with learning and/or behavioral problems; and (c) looking at the perceived helpfulness and stressfulness of network members to explore how the two groups might agree or differ about the quality of their relationships across the five groups mentioned above.

The second purpose of the study is to examine the relationship between network characteristics and school-related outcomes for special education students. Here we will focus on network members who, because of their role or the context in which they interact with an individual, may provide support which could assist students in their scholastic adjustment. Formal help providers such as teachers and counselors formed one such focus, and peers another. In the light of the equivocal results related to peer support noted above, a further distinction was made between peers in and outside of school in hopes of gaining greater clarity about their potential impact on school adjustment.

METHOD

Subjects

The sample consisted of 86 senior high school students enrolled in special education classes and 111 control students who were not enrolled in special education classes. The students in special education classes were enrolled in one of eight comprehensive high schools. Approximately two-thirds of that group (*n* = 55) were enrolled in self-contained classrooms while the remaining third (*n* = 31) were mainstreamed in some non-special education classes and received resource help. Both levels of placement were considered noncategorical and served students with various needs. Reflecting this programatic structure, the students in the current sample included students diagnosed as learning disabled, mildly retarded, and emotionally disturbed. All students in the control group came from a single high school judged to be demographically comparable to the sample of special education students. A summary of the demographic characteristics of each group are presented in Table 1. *T*-test and chi-square analyses revealed the samples were similar in terms of age, race, gender, and socioeconomic status.

TABLE 1
Sample Demographics

		Students in Special Education	Controls
Age			
	Mean	18.4	18.3
Race			
	Black	67%	70%
	White	30%	27%
	Other	3%	3%
Sex			
	Male	58%	53%
	Female	42%	47%
Mother Occupation*			
	Mean	6.17	5.03
Father Occupation*			
	Mean	5.25	5.27

*Hollingshead (1957) codes for occupation: 5 - 6 = clerical work, technician, semi-professional

Procedure

Data on students were gathered as part of the first phase of a longitudinal study of the postgraduation adjustment of high school seniors. Participation was enlisted by approaching students in their classes and providing them with a brief description of the study. Students were informed about the extent of their potential participation, its voluntary nature, and their right to confidentiality. Interested students provided written consent and parental consent was obtained for students under 18 years of age. Information was collected through individual interviews which lasted about 50 minutes and which took place at students' schools during the school day. Teacher ratings were obtained from English teachers within a few weeks of the student interview. English teachers were chosen given that this was the only class in which all seniors were enrolled. This consistency was thought to minimize variance in student behavior and performance due to subject area.

Measures

Analysis of Social Support in School Transitions (ASSIST). The ASSIST is an interview-format measure which asks students to describe the important people in their lives across three domains: nonfamily adults, family, and peers. Students then indicate the types of help network members provide and how helpful and stressful their relationships with network members are. Prior pilot studies have shown the measure to be sensitive to group differences in network membership and to have high test-retest reliability (Schmid et al., 1988; Schmid et al., 1989).

Child and Adolescent Adjustment Profile (CAAP). The CAAP (Ellsworth & Ellsworth, 1979) consists of teacher ratings of five aspects of adolescent functioning: dependency, learning style, peer relationships, withdrawal, and verbal hostility. The measure has been widely used as an assessment of behavioral adjustment and has shown adequate test-retest reliability.

Quality of School Life Scale. Student satisfaction with school was assessed using the short-form of the Quality of School Life Scale developed by Epstein and McPartland (1976). On this scale students indicate the degree to which they enjoy school activities and interactions with teachers. The measure is well-researched and has shown good internal consistency and reliability.

Archival Data. Information about last quarter grades and absences was obtained from school archives.

RESULTS

This section will present results in four general areas. First, analyses describing the overall composition of student networks are presented. Here, the social networks of students in the special education and control samples will be described in terms of the relative representation of five groups: family, school friends, friends outside of school, school adults, and adults outside of school. Next, network structure will be described for the part of the network reported as providing emotional support. Third, the two groups of students will be compared on their ratings of the helpfulness and stressfulness of members of the five groups. Finally, correlational analyses will be presented which describe the relationship between network characteristics (number of members from a certain group, their perceived helpfulness, and their perceived stressfulness) and school-based outcome criteria (absences, GPA, satisfaction with school, behavior ratings by teachers). These results are presented only for the special education sample.

A. Network Structure

In order to determine if the structure of the total networks varied between special education and non-special education samples, the proportion of network members from different contexts (family, school peers, nonschool peers, school adults, and nonschool adults) was analyzed. Table 2 presents the network composition of special education and non-special education students. As can be seen from the figures, the proportions of family, friends, and adults in the network were roughly similar for the two groups. Family members contributed the greatest percentage of network members for each group, followed by friends and, lastly, nonfamily adults.

TABLE 2

Composition of General Social Network

	Special Education Students %	Controls %
Family	43.08	41.60
School friends	14.81	15.01
Friends outside of school	17.10	19.00
School adults	13.44	12.10
Adults outside of school	11.57	12.29

B. Emotional Support Network

We also examined the nature of the emotional support network which includes only the people from whom the respondent reported receiving emotional support. Table 3 shows the proportion of network components relied upon for this type of help, and as can be seen, there are both similarities and differences in the composition of the emotional support networks of the two groups. The proportion of family members relied upon for emotional support was roughly similar for the two groups; however, special education students were more likely to rely on school adults and nonschool adults, and less likely to reply on friends, for emotional support than were their control counterparts.

TABLE 3

Composition of Emotional Support Network

	Special Education Students %	Controls %
Family	47.89	44.39
School friends	10.95	17.09
Friends outside of school	17.38	27.17
School adults	10.96	5.49
Adults outside of school	12.82	5.86

C. Quality of Network Relationships

To examine the qualitative nature of relationships, the perceived stressfulness and helpfulness of network components were compared for the two groups. These results are presented in Table 4. As can be seen from the table, the students in both groups perceived relationships with family and friends to be qualitatively about the same with both groups indicating about equal amounts of helpfulness and stressfulness. Special education students did, however, rate nonfamily adults (both school adults and nonfamily adults) as being more helpful than did control students. On the average, network members were seen as fairly helpful (mean rating of 3 on a 4-point scale) and only somewhat stressful (mean rating of less than 2 on a 4-point scale).

TABLE 4

Qualitative Ratings of Relationships

	Students in Special Education	Controls	*F*	*p*
Family				
Helpfulness	3.39	3.26	2.65	ns
Stressfulness	2.05	2.09	.15	ns
School peers				
Helpfulness	2.88	2.94	.19	ns
Stressfulnes	1.74	1.70	.13	ns
Peers outside school				
Helpfulness	3.06	3.04	1.2	ns
Stressfulness	1.84	1.85	1.92	ns
School adults				
Helpfulness	3.30	2.89	9.60	.002
Stressfulness	1.62	1.76	1.03	ns
Nonschool adults				
Helpfulness	3.17	2.82	6.05	.015
Stressfulness	1.66	1.68	.01	ns

D. Relationship Between Support and Adjustment

The relationships between social support and adjustment variables were examined by computing Pearson correlations between social support indices and the outcome variables of school absences, grade point averages, perceived quality of school life, and teacher ratings of behavior (productivity, peer relations, withdrawal, dependency, verbal hostility). As can be seen in Table 5, the number of school adults in one's network was found to be related to greater school satisfaction, while the stressfulness of these relationships was found to be linked to higher teacher ratings of dependency and verbal hostility in the classroom. In-school peer friendships were relatively unrelated to school outcomes with only the perceived helpfulness of in-school friends linked to school satisfaction. Outside-school friendships, on the other hand, were found to be related to higher absences, higher teacher ratings of verbal hostility, and lower ratings of learning productivity. Helpfulness of those relationships was negatively linked to school satisfaction, while greater perceived stressfulness in those relationships was linked to higher teacher ratings of classroom verbal hostility.

TABLE 5

Correlations Between Social Support Indices and School Adjustment

					Teacher Ratings			
	Absence	GPA	School Satist.	Peer Relat.	With-drwl.	Host.	Learn.	Dep.
School adults								
Number	.00	.05	.32*	.09	-.18	-.02	.19	.06
Helpful	.11	-.03	.20	.19	-.03	.20	.01	.04
Stressful	.05	-.01	.10	.12	-.23	.29*	.04	.36*
School peers								
Number	-.12	-.21	-.03	-.02	-.03	-.02	-.09	-.17
Helpful	-.03	-.23	.37*	.19	-.19	.10	.12	.05
Stressful	-.16	.18	.14	.03	-.01	-.10	.13	.14
Outside peers								
Number	.26*	-.14	-.08	.06	.06	-.33*	-.34*	.19
Helpful	.00	-.02	-.24*	.10	.10	.07	-.02	.00
Stressful	-.14	.12	.02	-.24	-.06	.41*	.08	.22

*$p < .05$

DISCUSSION

The purpose of the present study was to examine the social networks of students placed in special education programs because of learning or emotional difficulties. There were two major goals to the investigation. One goal was to compare the structure and perceived quality of social networks of students receiving special education services with those of their mainstream educational counterparts. The second goal was to analyze the relationship between network components and school adjustment for special education students. Findings related to the goals of the study are discussed below.

Comparisons of the overall and emotional support networks of students in the two samples reveal both similarities and differences. The overall networks of the two samples are very similar; the proportional representation of each subgroup in the overall network differs by no more than two percentage points between the two samples. Family members are well represented in the networks of each of the two samples, making up over 40% of the whole network. Earlier pilot data found similar results with regard to family and peers in the overall network (Barone et al., 1988), but did find differences between special education and mainstream samples with regard to informal and formal adults which did not emerge here.

There was also no difference between the two groups in the representation of the family in their *emotional support networks*. This contrasts with previous results (Barone et al., 1989) in which families had lesser representation in the emotional support networks of emotionally disturbed students (29 vs. 46%). With regard to similarities in relationship quality, students in the two groups also found family, school peers, and peers outside of school to be about equally stressful and helpful.

As found in previous studies (Barone et al., 1988; Schmid et al., 1988) which used somewhat different measurement procedures and/or samples, the emotional support networks of students in special education programs were composed of a higher proportion of formal and informal relationships with adults than those of their nonidentified peers. Students in the former group also had a lower proportion of peer relationships in their emotional support networks. Furthermore, both school adults and nonschool adults were rated more helpful by students in special education settings.

Some of the most striking differences which emerged between the present samples involve the role of nonfamily adults. Current and earlier pilot data (Barone et al., 1988; Schmid et al., 1988) are consistent in suggesting that special education students, relative to controls, rely more heavily on school-based and nonschool adults. In this study, special education students report relying on school and outside adults more for emotional support and rate them as more helpful than do their mainstream peers. While these findings suggest that the efforts of special education settings to engage students in more intense, individualized interaction have been successful, the authors feel there are at least two potential concerns.

One concern revolves around the need to consider the potential burden to teachers which results from such reliance. Teachers are under a great deal of pressure in current society and it seems important that the additional demands placed on them by students be considered carefully so that appropriate training and supplementary resources can be provided (see Schmid et al., 1990, for a discussion of related issues).

A second revolves around what happens to students when they leave the school setting to enter the world of work or postsecondary education. It may be that some attention needs to be directed to developing postgraduation resources for students to replace those sources of support they lose as they exit school to enter into the wider community.

Students in the two groups were also found to be different in the extent to which they reply on peers for emotional support, both in school and outside of school. One explanation is that the tenuous social skills of some of the special education students may inhibit them from initiating and maintaining the types and level of interactions with peers which would lead to supportive exchanges (cf. Kelly & Hansen, 1987). An additional factor may be that the types of peers with which students in this sample interact may also be experiencing adjustment problems and thus may be less able to provide such support themselves. Investigating the reasons why students decide when and when not to seek out peers may provide some insight into these issues.

It should be emphasized that the current findings suggest that there are similarities as well as differences in the networks of the two samples. There are at least three potentially important areas which require further clarification.

First, some of the similarities between the two groups, and in turn the discrepancy between some of the present results and those of previous studies, may be attributable to the nature of the respective special education samples. The present group involves special education students receiving less intensive services than students in previous samples (Barone et al., 1988; Barone et al., 1989; Schmid, 1988). At least some of the special education students may have been more similar to the control students in terms of their basic adjustment which would diminish some of the previously found contrasts.

Second, there also may be some differences attributable to the living conditions and school environments of students across the two studies. In contrast to previous studies which mainly included students from special education centers, many of those in the present sample were enrolled in less restrictive placements (e.g., resource classrooms or the special education wing of a mainstream high school). And one reason for the greater representation of family in the network of special education students in this sample is that all students live at home, while in previous studies many students were in residential placements.

Finally, all students in the present sample are enrolled in twelfth grade. Thus, there may be developmental differences between this and previous samples, as well as differences related to dropout or pregraduate mainstreaming. Younger samples where school enrollment is mandatory may have a somewhat different representation than the current sample which focuses on an age group where school enrollment is voluntary. Larger samples with more variation across these indices would assist in clarifying these issues.

The second set of analyses was concerned with how social network characteristics relate to school functioning. Here the authors focused on relationships in three social contexts: with adults in school, with peers in school, and with peers outside of school. Three aspects of each of these types of relationships were examined: the number of people from each of these contexts in the network, the reported average helpfulness of members in each subgroup, and the reported average stressfulness of members in each subgroup. The outcome variables studied were GPA, number of absences, students' perceived quality of school life, and teacher ratings of student behavior in five areas (productivity, peer relations, verbal hostility, withdrawal, and dependency).

There were three significant results related to relationships with school adults. The number of school adults in the network had a significant correlation with students' self-reported school satisfaction; the perceived stressfulness ratings of school adult relations was significantly correlated with poorer ratings on teacher-reported verbal hostility; and the perceived stressfulness ratings of school adult relations was significantly correlated with poorer ratings on teacher-reported dependency. Such results are fairly consistent with our expectations although it is difficult to determine the causal nature of the relationships between these variables. For example, it is unclear to what extent the number of school adults in the network is a function or a cause of satisfaction with school. Longitudinal designs would help in clarifying this type of issue. Future studies also might benefit by more carefully delineating the supportive functions of school adults, and obtaining information from a broader sample of school personnel.

The other results related to adjustment outcomes involve student friendships. In the present study, it is not in-school friendships which relate to outcome, but rather quality and number of friendships outside of school. Specifically, the greater the number of outside friends, the poorer one's attendance and teacher-rated behavior. There appeared to be less school satisfaction when one's outside-school relationships were seen as helpful and higher teacher ratings of verbal hostility when these relationships were seen as stressful. These findings suggest that, at least for special education students, the nature of outside friendships might play an important role in how adolescents adjust within the school setting.

One possible explanation of these results lies in the characteristics of the relationships students have with peers outside of school. Academic matters may not play a central role in such relationships. Furthermore, given that the present sample was composed of high school seniors, their out-of-school friends may have graduated or withdrawn from school. Thus, interaction with such peers and reliance upon them for support and recreation may place adolescents in a social environment which does not reinforce the importance of school-related outcomes and which may promote activities counterproductive to academic achievement. Alternatively, failure in the school setting may make the development of in-school relationships more difficult and lead adolescents to seek friendships outside of school. Future work by the authors will employ longitudinal designs in order to clarify this as well as other issues of causality.

In summary, the current study represents an expansion of prior efforts to examine the role social support networks play in the well-being and school adjustment of students with special needs related to emotional and/or learning difficulties. In the longitudinal expansion of this work, the authors hope to understand better the impact of social support over time and explore the role of networks as they relate to outcomes of well-being, job-seeking, and adjustment to post-high school life.

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Determining Social Tasks: A Preliminary Report

Richard S. Neel and Nancy Meadows

The goal of any educational program is to prepare students to live successful lives during their school years and following graduation. As basic social competency is generally considered essential for that success, for schools to make a meaningful impact on the lives of children with serious behavioral disorders, programs will need to be developed that improve their social competency.

There has been an increase in social competency research over the past few years with a majority of that research being conducted in the area of assessment. Studies have focused on identifying socially competent and incompetent children primarily on the basis of adult and peer judgments (Asher & Hymel, 1981; Dodge, 1985; Dodge, Mcclaskey, & Feldman, 1985; Gresham, 1986). Numerous assessment devices such as peer sociometric interviews, nomination and rating scales, teacher rating instruments, and parent rating scales have been developed. Putallaz and Gottman (1981) labeled such judgments as *indicator variables* because they might indicate the existence of a problem, but not to explain the *nature* of the problem. Which behaviors or skills actually differentiate socially competent from incompetent children, or how those skills might be acquired, remains unclear (Putallaz, 1983; Walker, Shinn, O'Neill, & Ramsey, 1987). Additionally, the assumptions underlying the practice of focusing simply on social behavior as the indicator of complex social interactions have been questioned (Neel & Cessna, 1990).

Dodge and his colleagues have argued that in order to develop instruments that contribute to the planning of social skills interventions for each individual child, the social tasks that present problems for a particular child need to be identified (Dodge, 1985; Dodge et al., 1985). Social tasks were first defined by Dodge (1985) as a set of stimuli (e.g., time frame, cast of persons, general situation) and the resulting end point, or goal. Expanding upon his notions, the present authors have defined social tasks as the problem a child faces when trying to achieve a social goal in a particular situation. Social tasks can then be conceptualized as a process by which a child attempts to achieve a desired outcome (e.g., affiliation, attention, acceptance) in a specific social context (e.g., cast of persons, time frame, general situation). Using this framework, social skills can be viewed as a set of, or series of, behaviors required for various social tasks. A socially competent person would be one who achieved his/her desired outcome in ways judged appropriate by others. The cornerstone of the social task scheme is the notion that social behavior can be conceptualized as occurring in response to specific tasks (Dodge, 1985).

The purpose of this study was to create an initial list of social tasks that would be problematic for children with behavior problems. In the past, researchers have used different approaches to determine these specific social tasks. Important social or situational contexts have sometimes been arbitrarily or intuitively determined (Freedman, Rosenthal, Donahoe, Schlundt, & McFall, 1978; Gaffney & McFall, 1981; Spivack, Platt, & Shure, 1976). Children are then trained in component process skills such as problem solving. Realizing that such an approach does not recognize the importance of specific tasks in assessing social behavior, Dodge et al. (1985) asked 50 elementary school teachers to identify frequently occurring social situations they thought were likely to cause problems for children in grades 2 to 4. They then developed a taxonomy of 44 social tasks in which a child's response to a specific task may be assessed as either competent or incompetent.

The study described here is the first in a series that was designed to create an initial list of potentially critical social tasks, to identify component social skills within these tasks, and to design an intervention to teach skills within specific social contexts. It is important to emphasize that the authors' purpose was to generate *a* list of social tasks, not to identify all social situations encountered by children and adolescents. This purpose was similar to that of Dodge et al. (1985) who identified a set of common and important social tasks children face. There are, however, several major differences in the present approach.

First, the approach of this current study expanded the pool of persons to nominate possible problematic social tasks to include general and special education teachers, specialists (school counselors, school psychologists), and peers, as well as experts. Typically, social skills are generated by experts and researchers in the field of social competency and then validated by teachers or other significant adults (parents, psychologists, counselors) using a forced-choice format. Previous research has shown, however, that opinions differ as to what social skills are critical for success (Meadows, Neel, Parker, & Timo, 1989; Williams, Walker, Holmes, Todis, & Fabre, 1989). If social tasks generated were to be representative of activities in the daily lives of the children for which the authors were programing, it was necessary for these tasks to be generated by those people who interact with these children and by the children themselves. An exhaustive list of potentially relevant tasks would be difficult to compile. However, since teachers, peers, and support staff represent the population most frequently engaged in social interactions involving children in the school environment, their perceptions seemed a reasonable point of departure for these investigations.

Second, the authors utilized a Delphi survey technique designed to enable the groups to reach consensus on which social tasks were important. Unlike common survey techniques which only ask participants to express opinions on one occasion, the Delphi method begins by asking participants to list those items which they feel are most important and uses several rounds of evaluation to reach consensus on the items selected. This repeated consideration of each item increases the likelihood that a set of critical social tasks would be identified in the initial list of tasks.

Finally, the target population of this present study extended to older populations of children. Participants were asked to consider problematic social tasks for students in grades 4 through 9.

METHODS

Subjects

Ten groups of 10 individuals each were formed; five of these groups were comprised of 50 individuals representing upper elementary children (grades 4, and 6) and the other five groups consisted of 50 individuals drawn from populations associated with junior high students (grades 7, 8, and 9). The groups are as follows: (a) special education teachers working with behaviorally and learning disabled students; (b) general education teachers; (c) specialists (e.g., school psychologists, counselors, therapists); (d) nonhandicapped peers of mildly handicapped students; and (e) researchers who have conducted studies of the social behavior of mildly handicapped students.

Teachers and specialists with a minimum of 3 years of experience working with children with behavioral disorders were asked to participate by administrators in Washington and Colorado schools. Experts were consulting editors of *Behavioral Disorders* and were recruited based on their published work concerning the social behavior of children with behavioral disorders. Typically, developing, socially competent peers were nominated by their general education teachers. All subjects in this study were volunteers.

Procedures

Following subject selection and the attainment of informed subject consent, adult subjects were sent a request to list five to ten social tasks which they felt children or adolescents often face and would prove especially difficult for those who were socially incompetent. Peers were given the same instructions, but were interviewed by a member of the project staff to solicit their opinions.

Following Round 1, lists were edited to remove duplications, transcribed into conditional statements ("when a child is. . ."), and returned to participants for evaluation using a standard Likert scale (1 = no problem, 5 = significant problem) to rate the perceived level of difficulty of that situation. At this point in the study, participants rate only those items generated by members in their own groups.

Following Round 2, items failing to be rated as a 4 or 5 by 80% of respondents in any given group were eliminated. After a final editing to eliminate any duplication of items across groups, the combined list was sent to all participants in all groups. The instructions and scales for Round 3 were similar to those used in Round 2, with the additional information that the list of items had been increased to include tasks identified by other groups. Following Round 3, all items receiving ratings of 4 or 5 from at least 60% of the respondents were retained on the list of potentially critical social tasks.

RESULTS

Upper Elementary

In Round 1, upper elementary participants generated a total of 317 social tasks. Following Round 2, 81 items were rated as a 4 or 5 by 80% or more of the subjects in each group. After eliminating duplications, 49 items were included in the Round 3 survey. Following Round 3, 34 social tasks received ratings of 4 or 5 from 60% or more of the respondents.

Table 1 reports the 34 social tasks, the group(s) that originally generated that item, and the percentage of agreement above 4 or 5. No items remained that were generated solely by peers; however, 3 items that were generated by students as well as by other groups were retained. Of the 34 items, only 8 reached an agreement of 80% or above.

TABLE 1

Round 3 Results – Upper Elementary

Conditional Statement	Generated By	Percentage Agreement
When a child hits or pushes classmates	SET, SPC, RET	89.8
When a child is made fun of by classmates	SPC	87.7
When a child responds to failure or rejection by losing self control	SPC, RES	87.5
When a child is faced with pressure from classmates to use drugs or alcohol	EXP	83.7
When a child must deal with failure	RET	83.7
When a child must deal with being embarrassed or accused	SET	83.7
When a child gets mad when disagreeing	SET	83.7
When a child has a temper tantrum	SPC, RET	83.7
When a child has been accepted by a group and then rejected	RET	79.6
When a child is picked on by a classmate	EXP, SPC	77.6
When a child overreacts before thinking a situation through	SET, SPC	77.6
When a child doesn't consider the feelings of others	SPC	77.5
When a child is excluded from "the group"	SPC, RET	75.6
When a child won't compromise with classmates	SPC	75.5
When a child has differing perceptions about fairness and rules	EXP	75.5
When a child is physically hurt by a classmate	SET	75.5
When a child's best friend chooses to spend time with another person	EXP	75.5
When a child has a problem following the rules	RET	73.5
When a child is upset because a classmate has taken something	SET	73.5
When a child is called names	SET, SPC, RET	73.5
When a child is encouraged to misbehave	EXP	73.5
When a child steals from a classmate	SET, RET	73.4
When a child makes fun of classmates	SET, SPC	71.5
When a child doesn't accept "no" as an answer	SET, RES	71.4
When a child's poor work is presented in front of classmates	EXP	71.4
When a child competes to earn attention from an adult	EXP	69.4
When a child talks to a classmate and is rejected	EXP, SPC	69.4
When a child picks on classmates	SET, RES	69.4
When a child is trying to settle a conflict with a classmate	SET	67.4
When a child has a disagreement with classmates	SPC	67.4
When a child is rejected by classmates for trying to control an activity	EXP	65.3
When a child blames others	SET	63.3
When a child gets in trouble riding the bus	SPC	63.2
When a child takes part in a loosely supervised activity	EXP, SET	61.2

Junior High

In Round 1, junior high participants generated a total of 370 items. Following Round 2, 116 items were rated as a 4 or 5 by 80% or more of the subjects in each group. After eliminating duplications, 72 items were included in the Round 3 survey. Following Round 3, 41 social tasks received ratings of 4 or 5 from 60% or more of the respondents.

Table 2 lists the 41 social tasks remaining after Round 3, the group(s) that originally generated the item, and the percentage of agreement above 4 or 5. Items were evenly distributed across all groups with special education teachers contributing the most items (16). Three items that were generated solely by students were retained.

TABLE 2

Round 3 Results – Junior High

Conditional Statement	**Generated By**	**Percentage Agreement**
When a student's temper is not controlled	RET	92.3
When a student is ridiculed by a teacher or a classmate	EXP, SPC	86.3
When a student is offered drugs or alcohol	EXP, SPC	84.6
When a student responds to a frustrating situation immaturely (temper tantrum, whining, verbal abuse)	SET	83.7
When a student uses any or all behaviors to receive attention	SET, SPC	82.7
When a student is put down in front of classmates	SET	82.7
When a student is rejected by classmates	SET, SPC, RET, RES	82.4
When a student has difficulty in school because of substance abuse	RET	80.7
When a student is responsible for negative or disruptive behavior in the classroom	SET, RET	80.7
When a student is hit by someone	EXP	78.9
When a student gets angry	EXP, SPC	78.9
When a student has to deal with bullies or abusive behavior	EXP, SET, RET, RES	77.0
When a student's feeling are hurt	EXP	77.0
When a student's trust has been betrayed	RES	76.9
When a student has a possession destroyed	EXP	76.9
When a student constantly criticizes classmates	SPC	76.9
When a student is provoked to fight by a classmate	EXP, SPC	75.0
When a student doesn't accept and/or cope with consequences of own behavior	SET	75.0
When a student feels insecure with or is unwelcomed by classmates	EXP, RES	74.5
When a student must deal with parents' divorce	RES	73.1
When a student is blamed for something he/she didn't do	EXP	73.1
When a student feels discriminated against for being a minority	RET	73.0

TABLE 2 *(continued)*

Conditional Statement	Generated By	Percentage Agreement
When a student doesn't respect classmates' "personal space"	SET	72.6
When a student has poor personal hygene	SET	70.6
When a student carreis anger from an earlier confrontation to other situations	SET	69.3
When a student "picks on" a classmate	SET	69.2
When a student doesn't fit in with classmates	SPC	68.6
When a student can't identify and verbalize feelings	RET	68.0
When a student makes inappropriate sexual comments	EXP	68.0
When a student is expected to act tough towards other kids	RES	67.6
When a student is teased by a classmate	EXP, SET, SPC, RET	67.3
When a student is criticized	RET, RES	67.3
When a student doesn't see the reward for good social skills	SPC	66.0
When a student feels powerless	SET	66.0
When a student is in a crowded unstructured environment	SET	65.4
When a student is pressured by classmates to get into trouble	RES	65.4
When a student acts immaturely with classmates	SET	63.5
When a student doesn't know how to ask for help	RET	63.4
When a student has trouble staying on task	SET	61.5
When a student is the subject of rumors	SET, RET, RES	60.8
When a student is faced with standing up for his/her rights	SET	60.8

DISCUSSION

This is a preliminary report on the development of a taxonomy of critical social tasks that present problems for socially incompetent children. There are many researchers and practitioners working on similar problems, and if we are to develop effective curricula, it is important for each of us to share our work in various stages of development. The purpose of this report is to communicate a list of potentially critical social tasks created by a number of children, teachers, specialists, and experts and to discuss these findings in terms of the broader theoretical development of social competency curricula.

The social tasks generated in this study represent situations that may be potentially difficult for children and adolescents to negotiate successfully. Previous research has shown that children will be judged socially competent by their teachers, parents, and peers if they can interact in ways that are viewed as competent in a variety of situations (Coie, Dodge, & Coppotelli, 1982; Coie & Kupersmidt, 1983; Dodge, 1983; Neel, Jenkins, & Meadows, in press; Putallaz, 1983; Putallaz & Gottman, 1981). Being able to successfully negotiate a set of school-related tasks enables students to profit from the educational experience as well as to develop and maintain social relationships. The list presented here does not represent the universe of social tasks; rather, it represents a set or subset of situations that may predict social competency in school settings.

Generally, the groups participating in this study generated different types of social tasks. Teachers generated more classroom-oriented tasks, students generated more peer-related tasks, and specialists generated more tasks concerning outside influences (e.g., drug and alcohol abuse). This parallels the listing of specific skills reported by other researchers (Meadows et al., 1989; Williams et al., 1989). Future research will need to determine whether or not acceptable performance in one or more of these situations will predict judgments of social competency.

In another finding, the tasks rated as important by children were not the same as the tasks rated as important by adults. Students and adults had different perceptions regarding what constituted an important social task, and few tasks generated by the children remained throughout the rounds of the Delphi. It has been argued that peer judgments are the major determiners of social rejection and acceptance (Asher, 1983; Asher & Hymel, 1981), yet few peer-generated items gained acceptance throughout all groups. There may be several explanations for this.

First, four times as many adults as children participated in this study. This may have overrepresented the values of the adults. Past research has shown that there are differences between what adults and children view as critical social skills (Meadows et al., 1990; Williams et al., 1989). Therefore, it is not surprising that when asked about social tasks, similar results occurred. If the tasks generated by children were viewed as trivial, or at least less important, than those generated by adults, this would have important implications for future curriculum development.

Another possible conclusion is that peers and adults are focusing on two different concepts for social tasks. Peers in this study generated different, more specific social tasks than did the adults. Adults may be focusing on those tasks that will lead to successful future adult adjustment, whereas peers may be focusing on current acceptance. It may be true also that within each of these social task constructs, there are two different sets of social skills. One set includes those skills children need to exhibit for adult approval, as reflected in rating scales. These skills may include what Walker (1984) and others have called adjustment skills and peer interaction skills that are viewed as important by teachers and parents. There may also be another set of social skills that predicts peer acceptance similar to those assessed by sociometric measures (Asher, 1983; Asher & Hymel, 1981). What might be emerging in this literature is a two by two matrix of current versus future acceptance on one axis, and adult versus peer required social skills on the other. More work in understanding the perspective of social competence taken by the various groups in determining social judgments, social tasks, and critical social skills needs to be conducted.

Social competency is a complex problem that presents several serious hurdles for researchers and educators. As more is learned about what predicts competent children and adults, the problems of perspective, social task, and the relationships between perceptions, tasks, skills, and judgments become more heightened. This study has reported the preliminary findings regarding a set of social tasks that are viewed by children and adults as being critical in the social process. Further work is needed to fit these findings into a comprehensive framework of social competence. A crucial next step is a more careful evaluation of social tasks viewed as critical by children.

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The Road Less Traveled: Issues in Juvenile Female Corrections

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ABSTRACT

Historical, educational, criminal, and family profiles of juvenile female offenders include many critical factors which pose a serious threat to their becoming independent, functional adults. Dysfunctional lives, rather than criminal careers, appear to be of paramount concern for many of these young women. An overview of several issues important to moving forward in correctional programing for juvenile female offenders is presented: the significance of historical reports in the treatment of female offenders; the impact of behavioral and academic characteristics on correctional education; economic, physical, and social dependencies; and women's literature, a "success story," in the juvenile correctional curriculum.

Exploration of correctional, educational, therapeutic, and restitutive options for female offenders is truly a "road less traveled." Reasons for relative inattention to the needs of female offenders vary: too few numbers to justify expenditures; theories of female criminal deviance based on variations of male behavior; overreliance on female stereotypes; lack of interagency cooperation; easily distorted statistics; and lack of a current knowledge base on which to found female correctional programs.

Information and service gaps become more crucial when scrutinizing options for juvenile female offenders for whom crimes often reflect a dysfunctional life rather than a criminal career. Not only do the educational needs of this population typically go unidentified or unserved, but the specific personal, social, and criminal variables which impact on the ability to function independently in adult society remain unclear. It is no surprise, consequently, that the recidivism rate for juvenile female offenders between the ages of 10 and 17 is overall 40% and reaches 94% for the 12- and 13-year-olds who have committed more than three offenses (U.S. Department of Justice, 1988).

Regardless of the reasons for deficiencies in meeting the needs of juvenile female offenders, what counts is that appropriate action takes place to fill current service voids. However, actions begun without consideration to what is currently known about female offenders, and similarly what is unknown, will produce litte more than stop-gap remedies.

In order to understand the best way to move ahead in female correctional programs, it is necessary to examine where the system originated, identify current characteristics in the female offender population, and establish "what works" in female correctional education. As such, the goal of this article is to present an overview of (a) the significance of historical reports in the treatment of female offenders; (b) the impact of behavioral and academic characteristics on correctional education; (c) economic, physical, and social dependencies;

and (d) women's literature, a "success story," in the juvenile correctional curriculum.

HISTORICAL MODELS OF PRISON REFORM FOR FEMALES

Today, juvenile and adult females incarcerated in state and federal correctional systems remain an underserved population, even in comparison to their male counterparts. Far fewer females than males are incarcerated, with many state prison populations averaging only 5% women. The crimes women commit, reasons for crime, and types of programs and services available are often different. Programs and services for juvenile and adult females are deficient in many states. These deficiencies and associated reasons have parallels in the historic models of prison reform efforts for females.

Reform of prison conditions for males began almost with the development of prisons. Early penitentiaries evolved in the nineteenth century where men could be sent to literally "repent" for their sins. A number of model prison systems for males were developed, such as the Auburn and Pennsylvania systems, in an attempt to find the one best prison system capable of solving the crime problem. Abusive conditions were often a side effect of the new systems. Prison reformers critically investigated these prison systems, highlighting poor conditions such as overcrowding, sanitation, food, and lack of programs. Prison reformers were often members of the religious community, abolitionists, politicians, even prison professionals.

The development of prison reform for females lagged far behind that for males. In juvenile corrections, facilities for boys were opened earlier than for girls (Underwood, 1984). In Virginia, for example, centers for boys (separate for black and white) had opened before the turn of the twentieth century, but the first facility for girls did not open until 1910 (p. 56). The number of female offenders was very small compared to males, and neglect often occurred simply because females were forgotten. Rafter (1985) reported that during the early years of the nineteenth century fewer than 10% of the inmate population was female, and in many states far less (p. 10). It did not seem necessary to spend a great deal of money on programs for such a small group.

In addition and perhaps more significantly, the perception that the incarcerated female was beyond help was prevalent during the late eighteenth and early nineteenth centuries. Women in these times were considered to be guardians of the culture, the ones responsible for the gentling, civilizing conditions that existed in society. The girl or woman who committed a crime had gone against her very nature, and was so depraved in so doing that there was little hope of redemption. Prison and reformatory programs were, therefore, not necessary for girls and women because there was no way a "fallen angel" could be brought up from the depths of such depravity (Freedman, 1981, pp. 14-15; Rafter, 1985, pp. 10-12).

Such attitudes created a situation in which housing, programs, and conditions for female offenders were deplorable, much worse than for male offenders. It was not considered necessary to address the needs of such a group. Crimes for which females were incarcerated were often sexual in nature, particularly prostitution (Freedman, 1981, p. 126). In addition, females could be incarcerated for being sexually active, measured by a premarital pregnancy or contraction of a veneral disease (Rafter, 1985, p. 160). Such convictions reinforced the idea of "fallen women" having resorted to such unnatural behavior.

Female offenders were first placed in areas together with males in the worst conditions imaginable. During the eighteenth century there was little separation by gender, crime, or conviction status. Boys and girls were often housed in overcrowded cells with adults charged or convicted of serious crimes, as well as with inmates with serious medical ailments. The first step in improving conditions for females was to separate them from males. This was done as a consequence of the separation of boys from men in such facilities. It was felt that boys could be set on the road to crime with the influence of hardened criminals (Platt, 1977, p. 30), a problem recognized as serious.

Separation of female from male prisoners first took the form of females being placed in wings or wards of male institutions (Freedman, 1981, p. 15). The females usually provided the domestic functions of the institution: laundry, cooking, and sewing. Management was by male officers, a condition which led to frequent abuse. Freedman quotes the prison chaplain of the Auburn Prison wing for women in the 1830s: "To be a male convict in this prison would be quite tolerable; but to be a female convict, for any protracted period, would be worse than death" (p. 16).

The next step in the development of prison reform for females came in securing women as matrons for female prisoners. There were well-publicized examples of pregnancies occurring during incarceration, women dying as a result of beatings by male officers, and other reported abuses which increased pressure to hire women matrons. In addition, the involvement of women reformers, such as Elizabeth Fry and Mary Carpenter in Britain and Jane Addams and Abby Gibbons in the United States, made hiring women officers politically necessary (Freedman, 1981, pp. 27-29).

The provision of separate facilities for females was a much more difficult step. Girls and women in male institutions supplied many of the domestic functions for the facility. Removal of this source of labor was unpopular with prison administrators and decision makers. Women reformers gradually pressured the legislatures to build separate institutions for females. In 1856, the Lancaster School for Girls was opened in Pennsylvania, one of the first reform schools for girls in the country. Although this was a significant first step, it was by no means universally applied, even in Pennsylvania. In that same state, the Glen Mills School, a reform school for boys and girls, opened in 1828 and they did not remove girls until they built Sleighton Farm in 1909 (Commonwealth of Pennsylvania, 1. 10).

The first adult reformatory in the United States designed for women opened in 1869 in Detroit. Zebulon Brockway, who in 1876 became the superintendent of Elmira Reformatory, the first adult male reformatory, also opened the Detroit House of Shelter for Women which functioned until 1874 (Brockway, 1912/1968, p. 108). The reformatory ideas for which Brockway became so famous at Elmira had been pioneered at Detroit. Girls and women for the first time were recognized as capable of improvement. The first completely separate prison for females opened in 1874 in Indiana, the Female Prison and Reformatory Institution for Girls and Women (Freedman, 1981, p. 51). In this case, girls and women were placed together, although housing boys and men together was considered inappropriate.

In these new reformatories for females, the orientation of the prison program was different from its male counterpart. The inmate was treated more kindly, managed through prayer, sympathy, and retraining. The care was charitable, and certainly better than beatings and solitary, but served as a reinforcement of the idea that women were misguided children. While this is more acceptable than considering female offenders fallen angels incapable of reform, it relegated them to the status of children.

It was not until separate facilities opened that programs of education and training were seriously implemented. Before this time, cooking and sewing functions women provided for the facilities were considered training. When programs began to develop, they were often also domestic in nature, training women to work as servants or to keep their own homes (Freedman, 1981, p. 92). Learning domestic skills provided training for indenture as servants, usually into private homes. Such instruction did provide jobs for released women, and was useful for furnishing the wealthy with well-trained domestics, but the occupational opportunities were limited. The released inmate was unable to rise above the station of domestic.

This tradition of domestic education in institutions for females has continued to the present time. Training for "pink collar" employment remains an issue today in both juvenile and adult facilities, with many vocational training programs centered on jobs in commercial sewing, cooking, or typing. Such programs do not train for positions beyond lower or middle class employment. Although there are difficulties in providing nontraditional training opportunities to female offenders, it is critical that efforts are made to lift them beyond entry level employment. Without such programs, a return to lifestyles which encouraged illegal activity in the first place is inevitable.

BEHAVIORAL AND ACADEMIC CHARACTERISTICS OF FEMALE OFFENDERS

Although much information is available on the history of the development of the female prison system, little is known about the behavior, academic potential, and achievement of juvenile female offenders or about the effectiveness of the programs designed for their habilitation. Existing literature focuses predominantly on the psychosocial aspects of deviant female behavior including social maladjustment, poor family histories, and negative relationships with men (Bowker & Klein, 1983; Sedlak, 1983).

Unlike their male counterparts, the juvenile female offender population has received little attention in the research literature. Major studies on juvenile delinquency and the link between juvenile delinquency and learning disability have typically been restricted to sample populations of males, exclusive of any female data. Analysis of the data on adjudicated juvenile males has provided prevalence figures (Keititz & Dunivant, 1986) and information about the cognitive and academic achievement profiles of these youth as well as on the effectiveness of some academic intervention programs. The paucity of similar information on females, however, makes it difficult to ascertain the number of juvenile female offenders with learning handicaps or to adequately discuss the nature of their cognitive and academic development with much specificity.

Behavioral Characteristics

Most delinquent teenage females are reported to authorities by their parents and detained for status offenses (e.g., drinking, hitchhiking, loitering, and running away from home) and for crimes against property. Their male counterparts, on the other hand, often commit more aggressive crimes against other people (Farrow & French, 1986). Often, young women are adjudicated for charges that refer to sexual misconduct and promiscuity. These are taken more seriously for females than for males (Sedlak, 1983) and consequently females receive longer sentences for such offenses than do males (Hiller & Hancock, 1981). The majority of females who are incarcerated come from large metropolitan areas, but often are detained in rural facilities. This can create habilitation problems because rural caregivers, bound by their own culture and experiences, do not necessarily understand the young urban female offenders (Mann, 1984).

A common offense and major problem for young females is running away from home and from court appointed facilities (Norland & Shover, 1977). Issues regarding stressful home environments and control are well documented. Female delinquents often come from broken homes or have poor relationships with their parents (Bowker & Klein, 1983). One recent study of female delinquents revealed that running away is often a response to abusive treatment in the home, and such a response can produce a chain of delinquent behavior. Fleeing from the immediate unsafe situation, however, appears to contribute to self-distructive behavior over time. For example, McCormack, Janus, and Burgess (1986) found that running away is correlated with sexual victimization and that victimized women are, in turn, more likely to engage in criminal activities. In addition, these and other researchers (Miller, Chiles, & Barnes, 1982) found that sexually abused female delinquents are more likely to report suicidal feelings, and are twice as likely to attempt suicide. This information may explain the loss of control, dependency, and low self-esteem frequently reported by young female offenders and the emphasis placed on therapy rather than education in most programs for young women in prison.

Academic Characteristics

With regard to academic performance by juvenile female offenders, the profile is incomplete. Numerous studies conducted with male juvenile delinquents indicate a correlation between juvenile delinquency and learning disability. Although what little data exist on juvenile female offenders vary widely, this population appears to have some learning disabled characteristics. Those few studies that exist suggest that adjudicated female youths have average intelligence, but experience 3- to 5-year lags in achievement scores in basic skills with severe deficits (< 5th grade) in reading (Ross & Fabiano, 1986). A large number of these young women fail to complete 12 years of school and have high levels of repeated truancy and absenteeism (Howard, Haynes, & Atkinson, 1986). Such negative behaviors correlate with later job failure. Truant and absentee female youths are less likely to be employed, more likely to have children, and twice as likely to be on public assistance than the traditional student population. In general, students who do not attend high school show lowered social and psychological performance from adolescence to young adulthood (Edgar, 1988; Kandel, Raveis, & Kandel, 1984).

In addition to problems with academic achievement, adjudicated females have poor social and problem-solving skills (Ward & McFall, 1986). Behavioral and social skills problems combined with academic difficulties limit the development of vocational skills that would foster employability, success in the workplace, and financial solvency. The need for research on the cognitive and academic characteristics of young female delinquents is emphasized as well as the need for direct educational, social, and vocational programs for incarcerated juvenile females.

Educational Programing

Educational programs are provided by 83% of the prisons in the United States, but these programs are typically less accessible to females than to males (Chapman, 1980). Programs for female offenders operate on lower budgets, often employ uncertified teachers, and consequently may lack General Education Degree (GED) accreditation. In addition, female offenders are afforded fewer opportunities for studies at the postsecondary level (Mann, 1984).

Despite the fact that obtaining well-paying employment after incarceration is essential to many females who are financially responsible for themselves and their children, vocational programs in corrections are worse for females (Potter, 1979). Vocational programs offered in women's prisons continue to reflect traditional female roles. Young women receive training in housekeeping skills, often to serve the needs of the incarcerating institution rather than the demands of the current job market (Mann, 1984). Juvenile and adult female offenders need help in acquiring job skills, obtaining employment, and receiving support in the transition from the shelter of incarceration to the responsibilities of the real world. Training in relevant job skills and assisting female offenders in obtaining and keeping well-paying jobs is crucial to the overall success of rehabilitation programs, since financial solvency is related to lower rates of recidivism (Ross & Fabiano, 1986).

Juvenile female offenders have to overcome two obstacles in a successful transition from incarcerated to community settings: their gender and their record. In light of the financial and social pressures that former female offenders face, review and evaluation of current programs and practices and reemphasis on the importance of developing basic academic, social, and vocational skills for this population is critical. Providing direct instruction in meaningful skills, opportunities for supervised practice, and supportive linkages between the incarcerated and the community setting may afford young women more autonomy. Thus, correctional facilities will be helping to circumvent a learned pattern of dependency on pathological behavior, drugs, exploitative relationships, and social agencies.

ECONOMIC, SOCIAL, AND PHYSICAL DEPENDENCIES

Given that the typical juvenile female offender can't read or write well, may not have been in school recently, is untrained for most employment offering financial security, has been physically or sexually abused, and has few social problem-solving skills, it is not surprising that her survival is dependent on others. The National Coalition on Jail Reform (1982) described some characteristics of jailed women, further confirming the pervasiveness of factors which contribute heavily to dependent lives.

1. 73% are under 30 years of age;
2. 66% are unemployed before their incarceration;
3. 58% live on less than $3,000 per year and 92% have less than a $10,000yearly income;
4. 47% have one or more children dependent upon them;
5. 58% have less than a 12th grade education; and

6. 64% are drug users, and 68% of these used drugs daily before they entered jail.

Economics are key to the dependency traps which ensnare female offenders (Jurik, 1983), although relative wealth or poverty does not seem to serve a critical function. Rather, it is the *source* of finances that will indicate the amount of social control impinged on her (Kruttschnitt, 1982). A young woman with money of her own would be less dependent on, less controlled by others.

Unfortunately, the juvenile female (or adult female for that matter) whose education, job skills, and social skills are insufficient to acquire financial substance, will necessarily locate other avenues of economic opportunity. Often the cost of living comes at the expense of social, emotional, and sexual control. Gangs, abusive boyfriends and husbands, pimps, and welfare systems all become tolerable when the "daily bread" is at stake. However, the price is often a high one requiring the sacrifice of self-determination and often involving crime commission and incarceration.

Ginsburg (1981) described the foundation for dependency in the typical juvenile female offender as having sprouted from childhood neglect, abuse, or lack of nurturing. Delinquent adolescent females have reported being more socially removed from best friends and mothers than nondelinquent females, further confirming a lack of intimate, nurturing relationships (Campbell, 1988). The female offender often spends her childhood and adolescence in an endless search for love and care which was absent at home, and she typically finds someone (usually a male) who takes advantage of her dependency. Criminal behavior is a logical step in the progression as "an accessory to male crime, prostitution to line her man's pockets, or child abuse or homicide when frustrations with life can no longer be suppressed" (Ginsburg, 1981, p. 54).

Conversely, another avenue of economic security may be to "strike out on her own" in an effort to be independent of others' control — usually through theft, prostitution, or drug transactions (Anglin & Hser, 1987). Either way, the young female offender is likely to perpetuate the economic survival tactics she knows and become further entrenched in social and institutional (because now she's typically been incarcerated) dependency.

Related to the complex of dependencies produced by dire financial straits is the problem of chemical dependency. There is a realization that drug abuse is an even greater problem in female offenders than male offenders (Blumstein, Cohen, Roth, & Visher, 1986). With respect to the youthful offender, criminal profiles of incarcerated juvenile female offenders in Arizona have shown that over half had used drugs prior to or during crime commission, and about one-third had reported daily drug use while "on the outs" (Fejes-Mendoza & Rutherford, 1987). Alcohol, marijuana, and cocaine are typical drug choices for juvenile female offenders.

Whether criminal activity precipitates drug abuse or whether drug abuse leads to crime commission is not known. However, it is documented that female narcotics abusers commit a substantial amount of nonviolent, income-generating crime (Anglin & Hser, 1987) such as prostitution, drug dealing, and property crimes that were once considered a "male" domain. Although male substance abusers are equally likely to commit income-generating crimes, the nature of the crimes are typically violent or are those nonviolent crimes involving a victim.

The nature of dependency in the female offender is not a singular, isolated problem, but one which encompasses the entire fabric of her life. Economic need, lack of nurturing relationships, evasion through substance abuse, and emotional and physical exploitation are all interrelated to such an extent that criminality may become a necessary coping skill.

WOMEN'S STUDIES WITH THE FEMALE OFFENDER

Many characteristics of juvenile female offenders previously described, such as low self-esteem, lack of independent living skills, and poor social skills, are similar to the characteristics of adolescent male offenders. However, juvenile female offenders also have many characteristics that are unique to their gender. Sexual and physical abuse, prostitution, victimization, dependency, and educational and vocational deficits are characteristics that are most often identified as being specific to adolescent female offenders (Dateman & Scarpitti, 1980; Gibson, 1976; James, 1976; Kruttschnitt, 1982; Lerner, 1983; Mann, 1984; Moore, 1988; Sarri, 1976; Selo, 1976). How these needs are met within treatment and incarceration programs differs.

Educators typically focus on one of three strategies when attempting to effect change in students: designing methods, locating materials, or developing curricula. An approach that employs all three of these strategies — an integrated, woman-focused English curriculum — appears to be a promising way in which we can meet the needs of adolescent female offenders. Teaching texts from the canon of women's literature that include works that provide models of independent women, stories that encourage confidence building, experiences that enhance positive self-concept, and literature with examples of positive sexual relationships can address the unique needs of juvenile female offenders.

The theory of using literature as a psychoeducational intervention technique is not new. Identification with characters in stories has been used to prevent self-concept problems with children in difficult family situations (Sheridan, Baker, & de Lissovoy, 1984), reduce tension and improve adjustment of emotionally disturbed children (Olsen, 1975; Russell & Russell, 1979), improve the self-concept of learning disabled students (Gerber & Harris, 1983; Lindsey & Frith, 1981), and maintain a sense of emotional well-being in children (Jalongo, 1983; Pardeck & Pardeck, 1984) and adolescents (Angelotti, 1985; Taubengeim, 1979). Literature has also been used to help children cope with abuse (Carla, 1978; Randolph & Gredler, 1985; Watson, 1980), and adults adjust to incarceration (Cellini & Young, 1976).

In a pilot study, the benefits of teaching women's literature to juvenile female offenders as a part of an integrated, woman-focused curriculum was investigated (for a complete description of the study, see Miller & Carrington, 1989). Randomly chosen were 12 adolescents from English classes in a state facility for adolescent female offenders. The subjects had a mean age of 16.7 years, with reading levels which ranged from 5.0 grade level to post-high school with the average being 8.6. A unit of instruction was organized around the book *The Color Purple* (Walker, 1982).

Its epistolary form and short chapters made *The Color Purple* easy and inviting to read. Characters in this book experience poverty, physical and sexual abuse, loneliness, family conflicts, and anger — conditions with which the adolescents were well acquainted. Despite the depressing and negative emotions depicted in the book, the positive themes of hope, perseverance, love, friendship, loyalty, and happiness occur throughout the story.

The adolescents were administered two tests, both before and after the unit on *The Color Purple*. The Piers-Harris Self-Concept Scale, "The Way I Feel About Myself" (Piers & Harris, 1969), provided data on the adolescents' self-concepts, and the Developmental Inventory of Feminine Values (DIFV; Steinmann & Fox, 1979) yielded information on the adolescents' perceptions of themselves as women. An evaluation form was also completed that solicited feelings about the book and the unit of instruction.

A significant difference was found between the pre- and posttest scores of the Piers-Harris self-concept test; however, there was no significant difference between the DIFV pre- and posttest scores [$t(10) = 2.95$, $p < .01$]. Reported self-concepts significantly improved following the unit of instruction and data from the evaluation forms indicated that the adolescents' perceptions of themselves as women changed. When asked what was learned about women from the book, some of the comments included: "They (women) have to fight to survive"; "You got to stand up for yourself"; "I learned that when your [sic] a woman you can stick up for yourself and you don't have to be pushed around. You can fight back"; "I learned a lot about what happened to me in a similar way to what happened to Celie. It was a really good feeling to no [know] that women can fight for their rights"; and "It taught me to never give up. That if you give up, you're giving up on yourself." Evaluation comments also reflected a true understanding of the characters' hardships and an identification with their accomplishments. As a result of the characters' fortitude and successes, a new feeling of assertiveness, hopefulness, and determination was evident in the adolescents' comments.

Effecting change in the self-concept and in the other unique characteristics of juvenile female offenders takes time and should be addressed through consistent and intensively structured curricula. A well-planned program of women's literature that addresses a variety of women's issues through new and old classics can effect long-term change in juvenile female offenders' attitudes, self-esteem, and perceptions of themselves as women. Teaching women's literature is a potentially powerful tool in helping female juvenile offenders cope with the difficulties unique to their gender. The specific needs of adolescent female offenders have received little attention by the professionals responsible for their rehabilitation. Curricula uniquely suited to female offenders can be developed. Women's literature should be a part of the total curriculum, for it is a strong force in effecting positive changes in attitude and self-concept.

SUMMARY

The status of education and rehabilitation of young female offenders today is founded in an historical perspective of gross inequality in correctional programing to a current view marked by limited fulfillment of educational, interpersonal, and vocational needs. However, recognition that a problem exists is an essential part of a solution.

Several considerations are critical to the success of any correctional program for the juvenile female offender. First, timely assessment of educational needs, particularly those related to possible handicapping conditions, are crucial since female offenders are generally less educated than male offenders and have fewer opportunities for becoming more educated. Limited academic skills that remain unremediated combined with behavioral deficits pose a serious threat to becoming a functional adult woman, both in the vocational and social realms. The additional impact poor academics has on juvenile female recidivism is equally threatening.

Not unrelated to educational need is a second factor, a cycle of economic, social, and physical dependency. Often the source of finances available to the juvenile female directly results in the social, emotional, and physical control to which she is submitted. Without adequate educational, vocational, and social relationship skills, however, future adult financial independence is unlikely, thereby increasing levels of dependency. Since there is evidence for origins of female dependency in childhood, specifically founded in non-nurturing or abusive parental practices, the need for education and therapy to survive the past are also recognized as important correctional programing components.

Lastly, correctional educators are in the unique position to offer curricular options which can tackle the pattern of dysfunction within the framework of the traditional curriculum for juvenile female offenders. Exploration of women's literature in the correctional curriculum could provide a vehicle for fulfilling their unique needs. Its potential for improving self-concept, emotional adjustment, coping skills, and establishing insight into personal options that so often are not seen by troubled young women should be given significant attention.

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Youth 2000 Visions: A Community-Based Program for High Risk and Low Risk Youth

Jo M. Hendrickson, Jeffrey Roth, and Robert Gable

> *"Why would you confront your parents if you discovered they were smoking crack?" queried the 16-year-old Youth 2000 Visions participant. "Because I care about them," the other responded without hesitating.*

Adolescents of today are growing up in the global village predicted by Marshall McLuhan (1965). To contemporary adolescents theirs is a world of instantaneous information, heightened sensory input, and conflicting messages. In a context of unprecedented, fast-paced societal change, youth make decisions daily that may affect them for a lifetime. Some adolescents are at high risk for making poor decisions. Children from single parent homes, low socioeconomic groups (Kolstad & Owings, 1986) and minority groups (Rumberger, 1987), violent families (Sandberg, 1987), who are male (Kolstad & Owings, 1986) and have handicapping conditions (Edgar, 1987; Neel, Meadows, Levine, & Edgar, 1988), for example, are at increased risk for substance abuse, teenage pregnancy/parenthood, school dropout, and other involvements which may influence negatively their futures.

Examination of the literature reveals that remediation of the major pitfalls of adolescence is costly. The consensus of most educators, health and human service providers, juvenile justice workers, parents, and even politicians is that prevention appears preferable to remediation of problems evidenced during adolescence and young adulthood (Capuzzi & Golden, 1988; Kerr, Nelson, & Lambert, 1987). In the search for programs which positively affect the forecast for youth there is general agreement that interagency efforts are needed. Yet answers to the question of how to impact youth so they become motivated and able to exercise choice judiciously in their daily lives remain elusive. Clearly, the adolescent experience has changed dramatically in recent years and new approaches are required to foster a sense of community in young people and to develop their self-identify, a problem-solving orientation, and positive expectation for the future.

The authors sought to operationalize their belief that adolescents themselves are one of the most qualified groups to address the problems of youth. It was reasoned that youth best understand the realities they face. Furthermore, if the medium is indeed the message (McLuhan, 1965), perhaps one way to enlist the involvement and commitment of adolescents would be to incorporate the

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media as an integral part of the approach. By enabling youth to work together to develop messages regarding their problems in the media of their choice, perhaps they would make a positive impact on their own lives and the lives of their peers.

The remainder of this manuscript is devoted to describing a community-based after-school pilot program, Youth 2000 Visions (Y2000V), sponsored by a boys and girls club. The first section presents a brief rationale for creating Youth Teams with the goal of addressing youth problems. Second, a description of the main components of the Y2000V is provided. Third, preliminary data on program outcomes are discussed. The expansion of existing community agency programs typically reserved for the gifted, advanced, or talented student is advocated for high risk students. Finally, recommendations for youth organizations wishing to develop Youth Teams similar to Y2000V are offered.

YOUTH TEAMS: A CENTRAL CONCEPT OF Y2000V

Preadolescence and adolescence comprise the two broad transitional stages between childhood and adulthood. These stages of growth and development are marked normally by various cognitive, emotional, and social changes including neurophysiological maturation, increased independence of thought and action, and greater reliance on and susceptibility to peer pressure. Although the questions of how to structure activities to gain the attention, sustain the interest, and enhance the learning of youngsters within this age band range have not been answered fully, the literature provides guidance for designing such programs. Factors and issues considered in the conceptualization of Y2000V are discussed briefly below.

Cooperative Learning and Heterogeneous Grouping

The benefits of small group teaching/learning formats (e.g., Johnson & Johnson, 1986; Johnson & Johnson, 1980) and the use of peers to facilitate the social (e.g., Strain, Odom, & McConnell, 1984) and academic (e.g., Slavin, 1981) growth of students with learning or social disabilities is documented in the literature. Strategies which integrate youngsters of varying abilities and promote peer collaboration appear to be superior to competition and individualistic learning (Gottlieb & Leyser, 1980; Johnson & Johnson, 1980) or simply placing diverse individuals in proximity to one another (Strain, 1981).

Isolation and Alienation

To many youth opportunity to access the good things in life via conventional routes seems unattainable while others have lost all motivation to succeed in the mainstream. The literature, for example, is replete with data documenting a strong relationship between feelings of alienation and exclusion and school dropout, parasuicides, and delinquency (Firestone, Rosenblum, & Webb, 1987; Kerr et al., 1987; LeCompte, 1987). Decisions to quit school, get pregnant, and/or become involved with drugs or other illegal activity often are attributed to an hostile and uncaring environment (Henggeler, 1989). Lacking a positive sense of purpose in relation to the greater community, these individuals often seek approval from peers who similarly have experienced rejection and failure (Ekstrom, Goertz, Pollack, & Rock, 1986; Henggeler, 1989).

Community Involvement

Limited resources alone are sufficient justification for cooperation among businesses and community agencies. Beyond the obvious economic benefit, however, there are other compelling reasons for community commitment to programs for youth. First, working in partnerships may reduce duplication of services and solve problems in ways not feasible for individual organizations. Second, both the positive and negative outcomes of the adolescent experience have a direct impact on the community. The local community itself has the most to gain from being involved in prevention programs. Alienated youth and young adults are frequently the perpetrators of property damage and violent crimes (Kauffman, 1989; Kerr et al., 1987). Third and perhaps most importantly, positive experiences interacting with community businesses and agencies by youth may be useful for achieving a successful transition into adulthood. Knowledge and skills acquired while working in community-based programs (e.g., interacting with adults in positions of authority) are very likely to be helpful in adulthood (e.g., keeping a job). Furthermore, if adolescents have experienced success interacting with community leaders, they are less likely to perceive the establishment as unapproachable or hostile.

Goal Setting, Problem Solving, and High Expectations

Success in adulthood often requires individuals to set goals, devise plans for accomplishing desired outcomes, exercise self-control in the pursuit of goals, and be motivated by progress toward their goals. Such self-directed behavior often is absent from the repertoires of youth with behavioral disorders (Kerr & Nelson, 1989) and other high risk youth. Relatedly, when teachers, parents, employers, and youth themselves expect success, the Pygmalion effect (Corsini, 1987) is likely to come into play. That is, in a social milieu where there is a high expectation for a positive outcome, it is likely that such an outcome will be achieved. Strahan (1988) reports the research of Wehlage and Rutter who found that a variable they referred to as academic function accounted for 89% of the variance between dropouts, stay-ins, and college-bound students. The most powerful factor within this function was "expected school attainment." Youth with behavioral disorders typically are deficient in proactive self-directed behavior, having failed repeatedly both academically and socially (Kauffman, 1989), have low expectations for graduation or further schooling, and often spend a large portion of their day in social/learning contexts which require minimal performance.

After-School Activities

The high incidence of single parent families and other modifications in the traditional family has led to a significant increase in the number of youngsters left without supervision during the after-school hours. While programs are being developed to assist parents of young children, less focus is placed on older children who often are viewed as able to take care of themselves. Unfortunately, for many youth the after-school hours are filled with nonproductive and destructive behavior. Furthermore, 43% of the violent crimes against youth are committed by offenders between the ages of 15 and 17 (Bureau of Justice Statistics, 1986).

In summary, factors from the preceding literature review contributed to the design of Y2000V which included an array of experiences likely to enhance young people's sense of efficacy. Strategies which emphasized peer cooperation, small group teaming, self-directed behavior, mutual problem solving, and community-based learning were incorporated into the overall program design. Youth activities were carried out after school and in a manner which reinforced the belief that adolescents can set and achieve socially constructive goals.

YOUTH 2000 VISIONS: PROGRAM DESCRIPTION

The purpose of the Y2000V was to design a community-supported program which would provide high and low risk (pre)adolescents with a mechanism for positively confronting major problems in their lives and in the lives of their peers. Y2000V was implemented in a medium-sized southeastern community by a boys and girls club working with the local business community, the school district, and a state university. The goal of bringing youth together was accomplished by creating five Youth Teams. These teams met weekly in cycles ranging from 12 to 20 weeks, and addressed one of five topics: teenage pregnancy/parenthood, accidental and intentional injury/death, school dropout, illiteracy, and substance abuse. The goal of each Youth Team was to create an educational or motivational product targeting a chosen problem. Each team selected a medium in which to deliver their message: radio, television, video, print/graphic arts, or the performing arts.

Major Y2000V Components

The following description of Y2000V includes six main elements of the program: team membership, team facilitators, Youth Team meetings, recruiting procedures, large group socials, and the advisory board.

Teams membership. Youth Teams consisting of 5 to 14 members formed the original pilot group. Youngsters on these Youth Teams represented diverse backgrounds, talents, and status. As can be seen in Table 1, a total of 48 students in 7th through 11th grade participated. Approximately one-third of the students were high risk students and the remaining two-thirds were low risk. High risk students were youth who met two or more criteria: (a) low socioeconomic and minority status, (b) retained in one or more grades, (c) underachieving in reading/math, (d) special services at school, (e) high rate of absenteeism, and (f) failing more than two classes. Low risk students were students who exhibited all of the following: (a) historically had achieved at or above grade

TABLE 1

Demographic Profile of Youth 2000 Visions Pilot Group Participants (N=48)

Grade	Number	Other Characteristics	
7	14	Rural	9
8	12	Urban	39
9	11	Black	13
10	5	White	35
11	6	High risk	13
		Low risk	35

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level, (b) were receiving average or above average grades when the program began, (c) had a history of discipline problems, (d) participated in extracurricular school activities, (e) were perceived as emotionally stable, and (f) were perceived as highly likely to graduate from high school. School guidance counselors, teachers, and Team Facilitators provided this information.

Team Facilitators. One Boys and Girls Club staff member served as the Team Facilitator, and a community volunteer (teachers, university practicum students in education and special education, and parents) served as an Assistant Facilitator on each of the five Youth Teams. Parents did not serve on teams with their own children. The role of these adults was to guide youth interactions, goal setting, problem solving, and product development. The Team Facilitator monitored and evaluated the overall progress of the Youth Teams and reported the status of each team to the club administration on a biweekly basis. Team Facilitators coordinated all activities involving local businesses. When a youth was absent from a meeting, the Team Facilitator telephoned or made a home visit.

Youth Team meetings. Each Youth Team met weekly for approximately 1-1/2 hours at one of two boys and girls clubs facilities. During the summer, outreach efforts led to holding meetings at community centers and other locations convenient to the youth. Once the teams had selected their topic and medium, their weekly meetings served as forums for discussion about the topic, brainstorming ideas for their message and the product, interacting with guest speakers, planning and developing their product, and visiting community businesses/agencies to learn more about their medium and topic. The first products required over 5 months to complete. Second cycle (i.e., summer session) products were completed in approximately 3 months.

Recruiting procedures. Awareness and recruiting campaigns were conducted simultaneously in cooperation with the schools and community agencies. Display booths, posters and flyers, media announcements, and staff presentations to school assemblies and service agencies were used to introduce Y2000V to the community. Community youth agencies, committees, and councils were contacted and used as emissaries carrying information to other professionals, parents, and children about the program. These activities provided an excellent avenue for advertising the Boys and Girls Clubs' general mission and specific programs, and thereby served a dual function for the sponsoring agency. In the course of recruitment, youth expressed many reasons for wanting to become involved ranging from, "It's something to do" to a deep concern for others. As one teen interviewed by a local newspaper stated, "It sounded like a way to help people, and I like helping people."

Large group socials. Large group activities were planned to provide occasions for the individual Youth Teams to develop a sense of belonging to a program of greater scope than a single team. Three times during the year all of the Youth Teams congregated for a social-recreational-informational exchange. Parents and the community were invited to attend displays and productions presented by the Youth Teams. At the first large group social, for example, the substance abuse team (7th graders) put on a skit recasting the story, *Snow White and the Seven Dwarfs.* The wicked witch became a drug dealer, and the apple she gave Snow White was cocaine. A team member explained in an interview with a newspaper reporter, "The dwarfs were on drugs too. They had names like Dusty, Speedy, Alkie, and Cokie. The prince was clean, so he was trying to save Snow White and the drawfs." These events typically lasted 3 hours and included a presentation by each team, socializing, and sports, dancing, or other recreational activities.

Advisory Board. To involve the community more fully, an advisory board was created. The Y2000V advisory board consisted of members of the business community, city and county law enforcement departments, the school district, parents, mental health services agencies, and university faculty. Meetings were held quarterly and always included presentations by the Youth Team members. Advisory board members were particularly helpful in publicizing the program

Implementation Difficulties

Initial recruiting of youth proved to be a difficult task given that recruiting did not begin until 2-1/2 months into the school year. To counteract the disadvantage of a late start, substantial effort was put into recruitment. Once a youth expressed an interest in Y2000V, a Team Facilitator telephoned and had a face-to-face meeting with the teen. An effort was made to establish and maintain personal contact with all teens who indicated interest in the program. Evening meetings were scheduled for parents and applicants so the family could learn more about the program. Applicants were assigned to the Youth Team that met at a time and place which best fit their needs.

One of the challenges reported by the Team Facilitators was overcoming their own sense of insecurity regarding how to organize and facilitate the Youth Teams. Since the facilitators had leadership roles in their other Club activities, assuming a less authoritative role was difficult at times. Relatedly, the facilitators reported a desire to learn strategies for increasing the verbal input of some youth while decreasing domination by others. To address these issues, biweekly staff meetings were held to brainstorm ideas, and consultants presented inservice workshops on managing and facilitating peer groups. Additionally, the facilitators were asked to prepare weekly and 6-week plans for their team meetings. While these plans were not adhered to strictly, they did provide structure for the facilitators. The Youth Team itself became increasingly responsible for preparing short- and long-term goal statements.

During the summer, attendance of established teams was sporadic; however, new teams coalisced rapidly and attended meetings regularly. By creating new teams during the summer, the program was extended to youth in rural areas and unserved housing project neighborhoods. Knowledge and experience gained by Team Facilitators during the school year increased their confidence and ability to implement the Youth Team concept.

YOUTH 2000 VISIONS OUTCOMES

Youth 2000 Visions was designed to provide a diverse group of youth with opportunities to confront intellectually and in a hands-on manner problems which impede adolescents from making a successful transition into adulthood. The overall objective was achieved — a community-based program for high and low risk (pre)adolescents utilizing a Youth Team problem-solving approach was implemented and youth products disseminated. Three outcome measures are described below — team products and messages, student evaluations, and student problem-solving strategies.

TABLE 2
Team Profiles

Topic	Media	Grades	Products
Accidental/intentional injury death	Video	9-11	Video
Teenage pregnancy/ parenthood	Performing arts	9	Play* Short stories
Substance abuse	Television	7-8	Skit Commercial
Illiteracy	Print Graphic arts	7-8	Miime Newsletter
School dropout	Radio	7-8	Rap song Public service announcement

*The play was not presented; it was transposed into several short stories.

Team Products and Messages

Table 2 presents a profile of the five pilot Youth Teams, the topics addressed, and the mediated products each team produced. As can be seen, a variety of products were generated by the Youth Teams. While each team expressed many viewpoints with regard to their topics, the main message of each is capsulized here:

1. Accidental/Intentional Injury Death — This team gathered information on the number and kinds of injuries and deaths that strike adolescents. Prepared with this information, the team created a video to convey the message that no problem is worth the price of badly hurting/killing oneself or others. Who and where to find help was incorporated into the message.

2. Teenage Pregnancy/Parenthood — The consensus of this team was that if young people choose to have sex, they should practice safe sex. They felt unanimously that reliable birth control was important and disseminated this view with flyers and printed material.

3. Substance Abuse — The message of this team focused on negative consequences of drug use (particularly crack). This team developed a commercial which showed that drugs kill.

4. Illiteracy — This team stressed the notion that not being able to read and write can hurt you every day of your life. The team emphasized that teens can take steps to become literate: "Don't be ashamed; do something about it right now!"

5. School Dropout — The message of this team was that "dropping out of school can ruin your life. You may never get a good job if you drop out. Don't drop out!"

In each Youth Team, the participants expended considerable time discussing the short- and long-term consequences of the above five categories of behavior. Team discussions were often animated, yet consensus was achieved with no apparent dissatisfaction among individual members. Once their primary message was agreed upon, the focus of the team's research and effort was upon developing the product.

Student Evaluations

A general assessment of the social validity of Y2000V was obtained by gathering information on the viewpoints of the primary consumer, the Youth Team members. Team members who participated at least 12 weeks in the program were administered a structured interview containing open- and close-ended questions (*N* = 24) pertaining to all aspects of the program. Staff not involved directly with the youth conducted the interviews. A summary of the results of these interviews is presented in Table 3.

TABLE 3

Response of Low (N = 22) and High (N = 12) Risk Adolescents to 3 Month Follow-on Interview

Item	Percent Responding					
	Yes		No		Don't Know	
	Low Risk	High Risk	Low Risk	High Risk	Low Risk	High Risk
1. Interact better with peers	86	75	9	17	5	8
2. Interact better with adults	77	67	18	8	5	25
3. Solve problems as a member of a group	91	67	0	25	9	8
4. Express your opinions in a group	91	83	0	17	9	0
5. Start and finish projects	73	75	18	0	9	25
6. Useful in other parts of my life	91	67	9	0	-	33
7. Made friends I would not otherwise know	91	33*	9	67	-	-
8. Learn about my medium	96	92	4	8	-	-
9. Learn about my topic	100	84	0	16	-	-
10. Recommend to others	96	100	4	0	-	-

*Two teams established at one club facility primarily included youth who knew each member (i.e., from the same schools and neighborhoods).

As can be seen, a majority of both low and high risk students responded positively to questions related to how they felt their participation in Y2000V had affected them. In general, the low risk youth more frequently reported positive feelings about the acquisition of specific skills than the high risk youth (see items 1 - 5). Both groups felt they had learned more than they previously knew about their medium and topic; however, once again a lower percentage of the high risk youth felt they had acquired new knowledge (92 and 84% versus 96 and 100%). All of the high risk group and 96% of the low risk group said they would recommend the program to others. When asked why they stayed with their Youth Team, common responses of both high and low risk youth were that it was fun, they wanted to learn more about the topic or medium, and they were eager to finish a product or start a new one.

Student Problem Solving

To determine the types of strategies preadolescents and adolescents use to solve problems, 10 sets of dyads and triads were identified. Each dyad and

TABLE 4

Sample Problem-Solving Scenarios

Topics	**Examples**
Substance abuse	Your friend tells you she's seen her parents use crack. She says, "What should I do?" *What do you do? Why?*
Teen pregnancy/ parenthood	Your best friend (John) tells you his girlfriend (Sue) is one month pregnant. Sue has told her parents about the pregnancy, and they want to speak with John and his parents. John told Sue he needs some time to tell his parents. John tells you that he has decided to make up a reason that his parents cannot meet with her parents. John says, "I feel back that Sue got pregnant, but I'm moving to New York, and Sue and I won't be together anymore. She'll just have to take care of this by herself." *What do you do? Why?*
Injury/death	You're in math class. You look over at the girl across from you. She is writing a letter. It says "Dear Wilma, I'm sorry I had to do this, but my parents, school, and everything else that is going on is just too much for me to take anymore. Hank's breaking up with me is more than I can handle. Please don't be mad at me for doing this." *What do you do? Why?*

each triad consisted of one Y2000V member and one or two youths matched by age, grade, sex, race, and risk status. These dyads and triads were given two hypothetical situations, one at a time, and asked to come to a consensus on the best action to take. (Table 4 contains examples of scenarios to which they were requested to respond.) They also were told they would be asked why they chose the solutions they had. They were given paper and pencils for making notes, a written copy of the scenario, and 5 minutes to determine their answer. Their entire problem-solving interaction was videotaped. The first phase of the assessment of the videotapes is reported herein. Certain general strategies used spontaneously by high and low risk youth to solve problems is identified.

Table 5 presents six strategies used commonly by the youth, a definition of the strategy, and an example of each strategy. The general strategies presented in Table 5 were evidenced by all or a majority of the dyads/triads. The first three strategies — brainstorming, turn-taking, and consensus building appeared to be key problem-solving strategies.

In each session, the dyad/triad teams approached the problem-solving task seriously. Over 90% of all session time was spent discussing the topic, attempting to identify solutions, and forming a consensus. At times language of identical form and content (e.g., What if he doesn't make it as a football player?) functioned as different strategies (e.g., a strategy to get involved in the conversation or to convince the others).

TABLE 5

Verbal Problem-Solving Strategies Employed Spontaneously by Youth Dyads and Triads

Strategy	Definition	Example
1. Brain storming	Fast paced presentation of ideas pertaining to a common issue	"I think he needs to tell his parents." "Or get a job 'til the baby comes."
2. Turn taking	Verbal activity characterized by different persons alternating speaker and listener roles	Lee says, "Hey, cocaine kills!" "So, we'd confront our parents," repeats Sol. "Ya, 'cause we care about them," adds Lee.
3. Consensus building	Verbal statements which appear to facilitate reaching an agreement	"So, what do you think?" "Do you agree? Lia says abortion is the same as killing the babies."
4. Getting involved	Tactics which get one into the conversation	"What if he doesn't make it as a football player?" asks Todd. "Ya, if he doesn't make it he'll . . .," continues Mark. Red cuts in, "He'll need to be able to read."
5. Personalizing	Statements relating an individual's past experience or reveal strong present point of view	"No way, I'm not going to jail!" "My 25-year-old cousin got this 13-year-old girl pregnant . . ." "The cops threw my uncle on the ground, in the sand spurs and . . ."
6. Convincing	Verbalizations which are used to get others to agree	"You really don't think . . ." "He should get a job and support her and the baby." (Repeated many times.)

In conducting the analyses, the authors learned that strategies used commonly by youth are not necessarily the same as those taught by teachers or welcomed by leaders in youth organizations. For example, in most prosocial training for adolescents, youngsters are taught to "not interrupt." In the videotaped samples it was observed that young people spontaneously and frequently interrupted each other with no apparent negative affect on the discourse. Indeed, it would seem that the manner in which an interruption occurred and the balance of turn-taking were more important to the success of the interaction than the fact that interrupting occurred.

DISCUSSION AND RECOMMENDATIONS

The search to develop and validate programs which local communities may adopt to prepare youth for making a successful transition to adulthood continues (Blalock, 1989). Youth 2000 Visions represents a prevention focused program which attempted to arouse the imagination, dedication, and community spirit of both high and low risk (pre)adolescents. In concordance with those advocating cooperative learning (e.g., Johnson & Johnson, 1986; Johnson & Johnson, 1980) and peer-mediated approaches (e.g., Gable, Strain, & Hendrickson, 1979), Y2000V was formulated on the premise that youth themselves have much to contribute to each other (and the community) and much to learn from one another.

While the long-term benefits to Youth Team participants cannot be assessed at this time, preliminary data suggest that the Youth Team approach may be a fruitful addition to traditional community-based programs. While many secondary transition programs emphasize tutorial or academic remediation (Deshler, Lowrey, & Alley, 1979), the philosophy of Y2000V is more akin to programs designed for the gifted and talented. In both, considerable focus is placed on developing the talents, present interests, and creativity of the participants. Similar to Renzulli's enrichment triad model (Eby & Smith, 1989), Y2000V (a) provides students with an opportunity to pursue a topic of their own interest, and (b) helps students identify real world, relevant problems and find outlets for their products.

Interview data indicated satisfaction of Youth Team members in their acquisition of knowledge and skills related to teen problems, the media, and their problem-solving behaviors. The vast majority of participants stated that they would recommend the program to their peers. These data suggest that both high and low risk (pre)adolescents experienced sufficient engagement (Miller, Leinhardt, & Zigmond, 1988; Newmann, 1989) to benefit from Y2000V. Engagement may be considered the opposite of alienation and isolation. Engagement involves participation, connection, attachment, and integration into particular settings and tasks (Newmann, 1989). Miller and her colleagues (1988) reported that schools can facilitate student engagement through institutional, classroom, and personal accommodation. The authors suggest that community-based after-school programs increase the engagement of high risk youth.

Analogue problem-solving data revealed that youth spontaneously employ a variety of strategies to reach a consensus. When they were presented with a cognitive task about a controversial, relevant issue and were asked to arrive at a mutually agreed upon solution, both high and low risk youth aggressively and effectively tackled the problem. Given this outcome, it would appear that teachers and youth leaders may find utility in arranging interactions which challenge the ingenuity, intelligence, and concerns of adolescents.

Several recommendations for establishing Youth Teams follow. These suggestions are based on the experiences of Y2000V.

1. Whenever possible, group high and low risk (pre)adolescents to capitalize upon the concerns they hold in common, their diverse views, and their unique experiences.
2. Involvement of community agencies and businesses is central to the Youth Team concept. Provide opportunities for youth to have multiple, direct contacts with community leaders.
3. Opportunity to develop and disseminate a product appeared to be highly motivating to team members. Design programs which provide such opportunities.
4. To keep a high level of interest, enlist the active involvement of every team member in each stage of planning and production. Model and practice active listening.

5. Establish mechanisms for gathering formative and summative evaluation of the program so that modifications can be made to fit local needs.
6. Initiate the Youth Team concept with the full support and understanding of the program staff of the sponsoring organization.
7. Provide regularly scheduled opportunities for interaction and/or inservice training of staff and volunteers.

Youth 2000 Visions represents a pilot program, and as such, additional research is needed to document program effectiveness and the relative importance of various program components. Nonetheless, the Youth Team concept appears to hold promise as a context for high and low risk (pre)adolescents to positively affect their own lives and the lives of their peers.

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An Examination of the Influence of Information About Social Maladjustment on the Placement Decisions of Special Education Teachers

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ABSTRACT

Descriptions of hypothetical students were supplied to special education teachers along with information about the clause excluding socially maladjusted clients from placement into programs for the seriously emotionally disturbed. Treatment conditions were developed by varying information in the hypotheticals. The results indicate that some of the issues raised in the debate over social maladjustment do influence the decisions teachers make.

There has been a great deal of discussion at conferences and in the related literature about the distinction between *socially maladjusted* and *behaviorally disordered* (Clarizio, 1987; Council for Children with Behavioral Disorders, 1987; Council for Children with Behavioral Disorders, 1990; Nelson & Rutherford, 1990). Much of this discussion can be characterized as reactive in that it seems to be defined by statements made outside of the membership of the Council for Children with Behavioral Disorders. Authors such as Slenkovitch (1984) attempt to draw sharp distinctions among such terms as *behaviorally disordered, conduct disordered, seriously emotionally disturbed,* and *socially maladjusted.* Such efforts take on more than academic interest because of the regulatory link between the use of such terms, eligibility for services, and categorical funding. To many the socially maladjusted/behaviorally disordered debate, which is hardly unprecedented in the field of special education, pits the concern of professionals interested in the treatment of clients against the reasoning of those who would deny or redefine eligibility for that treatment.

It should be clear to any observer of special education that attempts to draw clear distinctions between types of students, or explanations for student failure, will fail (Ysseldyke, 1987). This is why eligibility decisions are made, within the confines of federal and state regulations, by members of a multidisciplinary team. These classification decisions are not made on the basis of static and independent criteria. The multidisciplinary makeup of the team is based on assumptions of representation and balance. In functional terms the socially maladjusted/behaviorally disordered debate is actually an attempt to influence the thought processes of the team, not to delineate the characteristics of client populations. Discussions of the impact of this debate, therefore, should be informed by information about the ways these teams, and their members, work.

DECISION MAKING

While it is assumed that the members of the multidisciplinary team make decisions on the basis of their professional training, there is considerable evidence that they do not. In addition to the "confirmation bias" introduced with the reason given for the referral (O'Reilly, Northcraft, & Sabers, 1989), naturally occurring student characteristics such as sex, ethnicity, and socioeconomic status influence the way school personnel make decisions about placement (Grossman & Franklin, 1988; Prieto & Zucker, 1981; Ysseldyke & Algozzine, 1982; Zonta, Hemingway, Hutchinson, & Kuhns, 1987). For example, Sandler (1980) found that teacher concern about appearing inadequate seemed to influence referrals, while Tobias, Zibrin, and Menell (1983) found that a teacher's own ethnicity influences the decision-making process. Perhaps of greater relevance to the socially maladjusted/behaviorally disordered debate are findings indicating that institutional constraints such as the principal's expectation and outside influences such as state requirements influence decision making (Christenson, Ysseldyke, & Algozzine, 1982).

The current study attempts, in a very limited way, to examine the impact that certain arguments from the socially maladjusted/behaviorally disordered debate have on the decision making of team members. These include the arguments that (a) normally achieving students are not eligible for services, regardless of their social behavior; (b) students who have been socialized into patterns of misbehavior (the socially maladjusted) are not eligible for services; and (c) eligibility decisions should be influenced by the prohibition of certain disciplinary acts (e.g., explusion) which come with placement. Each of these arguments have been addressed in detail by the authors cited above.

METHOD

A one-page questionnaire was given to 140 special education teachers. The questionnaire contained directions and a description of a hypothetical student. It also contained information about the federal definition of seriously emotionally disturbed, particularly the clause excluding students thought to be socially maladjusted. At the bottom of the questionnaire participants were asked to recommend — or not recommend — placement of the hypothetical student into a program for the seriously emotionally disturbed.

While the directions and information about the definition of seriously emotionally disturbed were all the same, the hypotheticals presented four different conditions relevant to the socially maladjusted/behaviorally disordered debate. These were (a) evidence of academic failure, (b) evidence of normal academic achievement, (c) information about the availability of delinquency programs in the school, and (d) a statement that explusion may not be used for students who have been classified as seriously emotionally disturbed. Within each condition, half of the hypotheticals used a male name (John) and half a female name (Jane). This resulted in 8 separate questionnaires. Figure 1 shows the normal-achievement-male hypothetical. Relevant wording for all conditions are presented in Figure 2. All hypotheticals included the wording "These behaviors are common among children in John's/Jane's neighborhood." Therefore, the potential for denying placement because of social maladjustment was held constant across conditions and sexes.

I am studying the way teachers and administrators make decisions about special class placement. Please read the following information about the category "Seriously Emotionally Disturbed." Next read the description of a student and respond to the questions at the bottom of this page.

Seriously Emotionally Disturbed

The federal definition of Seriously Emotionally Disturbed includes the following wording: "The term does not include students who are Socially Maladjusted, unless it is determined that they are also Seriously Emotionally Disturbed." The term Socially Maladjusted is not defined in the federal definition. It is generally used to describe students who have been encouraged, within their immediate community, to engage in deviant behavior.

John

John is twelve years old. He has normal academic achievement, intelligence, and health. But he has been having trouble for the last two years. He often seems "moody," or "angry" and has few friends. His teachers report that he mutters profanity to himself, acts "tough," defies authority, and frequently gets into fights. These behaviors are common among the children in John's neighborhood.

Questions

(Circle the best response)

1. You are a
   - A. Special Education Teacher
   - B. Administrator
   - C. School Psychologist
2. While I realize that you have very little information here, circle one of the following:
   - A. I recommend placing John in a program for the Seriously Emotionally Disturbed.
   - B. I do not recommend placing John in a program for the Seriously Emotionally Disturbed.

Figure 1. *An example hypothetical.*

RESULTS AND DISCUSSION

Six questionnaires were excluded because they were filled out in a way which did not allow interpretation. Results from the remaining 134 are shown in Tables 1 and 2. As seen in Table 1, the teachers rejected placement by a factor of 3:1 under all conditions except the explusion condition. Under that condition the teachers were more willing to place the child. Over all conditions, placement was recommended for 27% of the students. Table 2 deals with the 27% of the students for whom placement was recommended. The number of responses within this category is small; therefore, the following interpretations are made with caution.

Condition	Wording
1. Academic Problem	has been failing in academic classes for the last two years.
2. Normal Academics	has normal academic achievement.
3. Delinquency Programs	The school has a non-special education program for delinquent students.
4. Expulsion Prohibited	Recent court decisions have held that students classified as seriously emotionally disturbed may not be expelled (or in some cases suspended) for behaviors like John/Jane's.

Figure 2. *Wording for different conditions.*

Some interesting patterns appear in this data. Perhaps the most notable of these is that females were recommended for placement *more often* than males. As can be seen in Table 2, girls were recommended for placement more often than boys under all conditions except the one presenting the availability of an alternative delinquency program. This pattern is in opposition to actual placement ratios (Kauffman, 1989). The authors believe this result is due to the nature of the *externalizing* behaviors described in the hypothetical (Williams & Haring, 1988). Behaviors such as fighting and defying authority are often assumed to be socialized behaviors of males (Hutton, 1985). Information pro-

TABLE 1

Percentage of Students for Which Placement Was or Was Not Recommended

		Conditions			
		Student has an academic problem	**Student has normal academics**	**Delinquency programs are available**	**Expulsion prohibited**
Would you place this student in a behavior disorders program?	YES	22%	24%	28%	39%
	NO	78%	76%	72%	61%
Number of respondents		32	34	39	29

TABLE 2
Proportion of the 27% of Students for Whom Placement Was Recommended

		Conditions			
		Student has an academic problem	Student has normal academics	Delinquency programs are available	Expulsion prohibited
Of those for whom placement was recommended	Boys: %	29	25	64	36
	n	2	2	7	4
	Girls: %	71	75	36	64
	n	5	6	4	7

vided in the hypothetical about social maladjustment seems to have interacted with this assumption. As a result, respondents appear to have reasoned that females engaging in such aggressive actions must be truly handicapped. When programs for delinquent students were available, the male/female pattern was reversed.

Whereas information about academic achievement did not appear to have any impact on the placement decision, information about the prohibition on expulsion did. As seen in Table 1, special education teachers were, on the average, about 14% more willing to place students under that condition. The authors believe this illustrates an effort by the teachers to protect troubled students from expulsion. This is interesting as it has been presumed within the socially maladjusted/behaviorally disordered debate that administrators will be *less* willing to place when given this information (Nelson & Rutherford, 1990). The current data suggest that efforts to decrease placement by arguing that it eliminates options preferred by administrators may backfire. These arguments may actually activate a pro-placement orientation among teachers.

CONCLUSION

Considering the limited scope of this questionnaire study, the authors were somewhat surprised by the apparent effects the conditions produced. Obviously examination of the decision making of other team members (efforts which contrast the opinions of administrators and teachers, for example) would be helpful.

The current socially maladjusted/behaviorally disordered debate is surprisingly uninformed by data. This might be because the participants believe that an adequate data base already exists. However, among the discussions of definition, causation, treatment, professional judgment, legal influences, and assessment, it is interesting to note that sex of the student accounted for the most variance in this study. One must judge the functional implications of the socially maladjusted/behaviorally disordered debate against this backdrop of bias, which is reflected in our profession as well as the society from which it has evolved ((Brantlinger & Guskin, 1987).

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Academic and Related Functioning of Mainstreamed and Nonmainstreamed Seriously Emotionally Disturbed Students

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ABSTRACT

Nearly half of the seriously emotionally disturbed students receive part of their education in regular education classrooms. One factor that may influence multidisciplinary teams' decisions to mainstream students is the level of their academic competence. The purpose of this study was to contrast the academic achievement, locus of control, study habits, and academic survival skills of three groups of seriously emotionally disturbed students: mainstreamed-academic, mainstreamed-nonacademic, and nonmainstreamed. A series of assessment instruments measuring academic achievement, locus of control, and study skills was administered to 118 12- to 14-year-old seriously emotionally disturbed students. Special education teachers completed a rating scale assessing each student's academic survival skills. No significant differences were reported between the three groups of behaviorally disordered students on measures of academic achievement, locus of control, and study skills. For the academic survival skills scale, significant differences were identified between the three groups for two factor scores, Interest in School and School Rules, and for overall academic survival skill competency. Implications for educational programing and future research are discussed.

In a recent year about 10% of seriously emotionally disturbed students in the United States were placed in regular classes and about 34% in resource rooms (U.S. Department of Education, 1989). Thus, nearly half of seriously emotionally disturbed students receive some of their education in classrooms or other settings with nonhandicapped peers. One wonders about these students and the other seriously emotionally disturbed students who are in separate classes, schools, and institutions. What were the considerations that led to these different placements? Why are some of these students mainstreamed for part or all of their schooling while others are not?

One obvious factor that may enter into the mainstream decision-making process is the nature and severity of the students' emotional and academic functioning. Other possible factors include the availability of appropriate placements, professionals, and related services, the facilitative *versus* resistive practices and attitudes of teachers and administrators (Biklen, 1985; Swan, Brown, & Jacob, 1987), students' educational history, and the degree of family support of the school education program. Despite these many other factors, it seems that

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certain levels of academic competence must be demonstrated by students before they are placed into mainstreamed or nonmainstreamed settings.

The academic performance of seriously emotionally disturbed adolescents can be characterized in several ways. First, these students appear to perform significantly below expected levels of academic achievement (Coutinho, 1986; Epstein, Kinder, & Bursuck, 1989; Mastropieri, Jenkins, & Scruggs, 1985). A comparison of actual student achievement to expected levels of performance based on chronological age, mental age, or grade level norms of standardized measures of academic competence indicated that these students do not perform up to their ability (e.g., Motto & Lathan, 19966; Stone & Rowley, 1964). Second, these pupils tend to perform lower on measures of math performance than on measures of reading achievement (Epstein et al., 1989; Mastropieri et al., 1985). Finally, the academic performance of these youth appears to deteriorate as they progress from elementary school to secondary school levels. For example, Coutinho (1986) reported the discrepancy between the reading achievement of behaviorally disordered and nonhandicapped students increased from 1.5 to 2.0 grade units at the elementary school level to approximately 3.5 units at the secondary school level. In sum, seriously emotionally disordered students appear to experience academic underachievement throughout their formal education years.

The degree of academic competence students demonstrate may be influenced by other academically related factors such as locus of control, academic survival skills, and study skills. The locus of control construct refers to one's self-responsibility for positive and negative outcomes (McGhee & Crandall, 1968; Rotter, 1966). Internally oriented students may be expected to be academically oriented and to demonstrate greater academic achievement. Externally oriented students may be assumed to perceive little relationship between their academic behaviors, and perhaps demonstrate lower levels of academic achievement. Studies of nonhandicapped students have shown a significant relationship between an internal locus of control orientation and academic achievement (Findley & Cooper, 1983) and students' engagement in academic oriented behaviors (Gilmore, 1978). For seriously emotionally disturbed youth, the relationship between internal locus of control and achievement performance appears to be similar. Researchers have reported a significant positive relationship between seriously emotionally disturbed pupils' performance on standardized measures of achievement and internal locus of control (Finch, Pezzuti, & Nelson, 1975; Perna, Dunlap, & Dillard, 1983).

School survival skills are a group of behaviors which facilitate the likelihood of academic successes in educational settings (Brown, Kerr, Zigmond, & Harris, 1984; Cartledge & Milburn, 1978). Good work habits (e.g., being organized, working well independently), compliance to teacher requests (e.g., following directions), and demonstrating an interest in school (e.g., task persistence) are examples of school survival skills (Zigmond, Kerr, Brown, Schaeffer, & Farra, 1986). Generally, academically successful students have been reported as possessing greater knowledge of school survival skills (Brown et al., 1984) and actively applying them in classroom situations (Kerr, Zigmond, Schaeffer, & Brown, 1986). A similar observation was made of successful learning disabled secondary school students mainstreamed into academic settings (Zigmond & Kerr, 1985). These students attended class more often, had greater organizational skills, and were rated as more competent by their classroom teachers in their use of school survival skills than learning disabled students identified as unsuccessful.

A broad definition of study skills encompasses a wide range of skills including problem-solving strategies designed to meet some well-defined goal (Thomas & Rohwer, 1986) to more narrowly focused techniques such as test-taking or time management skills (Archer & Neubauer, 1981). Regardless of how they are defined, study skills appear to provide the necessary means for students to acquire and use new information. Some data exist to indicate that secondary students' use of study skills is significantly correlated with their academic performance (Zarb, 1981). Furthermore, initial studies comparing the proficiency of learning disabled and nonhandicapped secondary school students' use of study skills have shown that nonhandicapped students demonstrate greater proficiency in their use of particular study skills (e.g., knowledge of test-taking, taking notes) than learning disabled students (Carlson & Alley, 1981; Keimig, 1980). Collectively, these data with nonhandicapped and mildly handicapped students point to a relationship between academic performance and the use of study skills.

The present study was an initial exploration of the relation of academic achievement and achievement-related characteristics to the placement of students with behavioral disorders. The purpose was to contrast the academic achievement, locus of control, study habits, and academic survival skills of three subsets of seriously emotionally disturbed students: mainstreamed-academic, mainstreamed-nonacademic, and nonmainstreamed.

METHOD

Subjects

Subjects were 118 school-system-identified seriously emotionally disturbed students attending public schools in northern Illinois. At the time of the study each of these students had been identified under state and district criteria by a multidisciplinary team, had an active individual education program (IEP) on file, and were receiving services through self-contained classes. The identification criteria for serious emotional disturbance were compatible with the federal seriously emotionally disturbed designation: (a) intelligence in the normal range, as determined by performance on a standardized IQ test; (b) history of personal, social, and emotional adjustment problems; and (c) an absence of any sensory, motor, cultural, or linguistic problem that was a primary cause of such adjustment problems.

For purposes of this study, the subjects were subdivided into three student groups: mainstreamed-academic, mainstreamed-nonacademic, and nonmainstreamed. The mainstreamed-academic group included 49 students (84% male, 82% white) mainstreamed into at least one academic content class (e.g., reading, math, science). The mainstreamed-nonacademic group included 46 students (98% male, 83% white) mainstreamed into at least one nonacademic content class (e.g., art, music, or physical education) but no academic class. The nonmainstreamed group included 23 students (96% male, 70% white) who were not mainstreamed into either academic or nonacademic classes, receiving all instruction in the special class. The means (and standard deviations) of age (months) and IQ for the three groups were as follows: mainstreamed-academic: age = 155.2 (10.5), IQ = 101.0 (14.4); mainstreamed-nonacademic: age = 162.3 (9.7), IQ = 95.6 (14.3); nonmainstreamed: age = 155.5 (13.3), IQ = 99.5 (11.3).

Instruments

Four assessment instruments were administered to the students to measure the constructs of academic achievement, locus of control, study skills, and academic school survival skills. The *Quick Score Achievement Test* (QSAT; Hammill, Ammer, Cronin, Mandelbaum, & Quinby, 1987) was given to assess general academic achievement. The test contains writing, arithmetic, reading, and general facts subtests. An overall academic achievement index is determined by summing the standard scores of the four subtests.

The *Intellectual-Achievement Responsibility Questionnaire* (IAR; Crandall, Katkovsky, & Crandall, 1965) was used to assess students' locus of control. The questionnaire measures whether children attribute their successes and/or failures to internal sources such as their own actions or to external causes such as adults, peers, or fate. The IAR scale is a self-report instrument comprised of 34 forced choice items. Three scores were determined for each student: (a) Internal Positive, all responses to positive items coded as internal attributions; (b) Internal Negative, all responses to negative items coded as internal attributions; and (c) Total Score, the sum of the internal positive and internal negative scores.

The *Survey of Study Habits and Attitudes* (SSHA; Brown & Holtzman, 1967) was given to assess study methods, motivation for studying, and attitudes toward school. The SSHA is a 100-item, self-report instrument where the student rates him/herself on the frequency of each itemized behavior on a 1 (rarely) to 5 (almost always) scale. The instrument provides seven scores: (a) Delay Avoidance, (b) Work Methods, (c) Teacher Approval, (d) Education Acceptance, (e) Study Habits (Delay Avoidance plus Work Method scores), (f) Study Attitudes (Teacher Approval plus Education Acceptance), and (g) Study Orientation (total score).

The *School Survival Skills Scale* (SSSS; Zigmond et al., 1986) was used to measure the level of skills needed to adjust and to do well in secondary school settings. A rater judges on a four-point scale how frequently the student exhibits each of the 26 behaviors. The scale yields six factor scores: Taking an Interest in School, Task Completion, Organizational Skills, Independence, Interpersonal Skills, and Following School Rules. SSSS was completed by the students' special education teacher. Each of the instruments have been shown to have moderate to high levels of reliability.

Procedures

Six graduate students in special education were trained to administer and score the QSAT, IAR, and SSHA as specified in each of their respective test manuals. The tests were administered in two 1-hour sessions that were generally scheduled within a 1-week period. In session one, the QSAR and IAR were given, in session two the SSHA was administered. Each student was tested individually outside of the classroom in an unoccupied area (e.g., office, conference room) of the school. The special education teachers were asked to complete the SSSS on each of the seriously emotionally disturbed students in their class, and to do so within a 1-month period.

Data Analysis

In order to determine if any significant differences existed among the three

TABLE 1

Means and Standard Deviations on Academic Performance Measures of the Three Student Groups

Tests	Mainstreamed Academic		Mainstreamed Nonacademic		Nonmain-streamed	
	x	*SD*	*x*	*SD*	*x*	*SD*
QSAT						
Writing	7.53	2.54	7.53	2.58	6.39	2.69
Arithmetic	8.51	2.17	7.87	2.90	7.74	2.42
Reading	8.04	2.16	7.87	2.25	7.13	2.69
Facts	8.55	2.69	8.13	3.26	7.65	2.98
Total	32.63	7.40	31.40	8.21	28.96	9.01
LAR						
Total	25.41	4.39	24.20	4.55	23.87	5.65
Positive	13.29	2.48	12.38	2.85	12.78	2.97
Negative	12.12	2.45	11.82	2.42	11.09	3.44
SSHA						
Delay avoidance	17.54	9.17	16.86	5.83	16.25	8.36
Work methods	20.63	9.35	19.43	8.10	19.45	9.02
Study habits	38.17	17.24	36.30	12.63	35.70	16.30
Teacher acceptance	21.08	10.81	21.06	10.24	18.60	18.85
Education acceptance	21.19	7.68	19.30	7.34	20.40	8.70
Study attitudes	42.06	17.60	40.39	16.78	39.00	18.01
Study orientation	80.44	32.70	76.68	27.27	74.70	31.09
SSSS						
Interest in school	6.80	1.78	6.68	1.97	5.09	1.44
Organizational skills	6.71	1.85	6.09	1.67	5.86	1.59
Task completion	17.00	3.50	15.82	2.70	15.34	2.82
Independence	4.72	1.53	4.64	1.28	3.95	1.25
Interpersonal skills	17.22	4.20	17.00	4.32	15.38	4.32
School rules	18.67	2.04	17.73	2.14	16.59	2.72
Total	71.22	11.61	67.95	10.63	62.15	9.59

groups a series of one-way analysis of variance tests was applied to the dependent measures. Where significant differences were noted, appropriate post hoc tests were used.

RESULTS

The means and standard deviations for the three student groups on the various measures appear in Table 1. No significant differences were found among groups on any of the QSAT, IAR, and SSHA scores. Thus, mainstreamed and nonmainstreamed seriously emotionally disturbed students appear to be quite similar in terms of academic and related functioning as measured by a standardized achievement test, and self-reported measures of locus of control and study habits.

On the teacher-rated school survival skills measure (SSSS), significant differences were found on the following factors: Interest in School, $F(2, 109) = 7.48$, $p < .001$; Task Completion, $F(2, 109) = 3.20$, $p < .04$; School Rules, $F(2, 109) = 6.72$, $p < .002$; and Total Score, $F(2, 109) = 4.86$, $p < .009$.

To clarify these differences, Scheffe post hoc analyses were conducted on the mean scores. On the Interest in School factor, mainstreamed-academic and mainstreamed-nonacademic groups scored significantly higher than the nonmainstreamed group. On the School Rules factor, the mainstreamed-academic group scored significantly higher than the other two groups. On the Total Score, the mainstreamed-academic group scored significantly higher than the mainstreamed-nonacademic and nonmainstreamed groups. All post hoc comparisons were significant at the .05 level.

Supplementary analysis. Because the three groups differed slightly in regard to the background variables (see subject description), a second analysis was carried out on group subsets ($n = 16$) matched for age, sex (all males), and race. Although IQ could not be perfectly matched in this analysis, the mainstreamed-academic ($x = 107$), mainstreamed-nonacademic ($x = 97$), and nonmainstreamed ($x = 98$) matched subsets did not differ significantly on IQ, $F(2, 83) = 1.85$, $p = .17$. Results were the same as in the original analysis except that only two of the SSSS factors, Interest in School and School Rules, differentiated the groups at $p < .05$.

DISCUSSION

The main finding is that there were few differences among the three groups on basic academic achievement, self-evaluated locus of control, study habits, and teacher-rated academic survival behaviors. In the present samples of seriously emotionally disturbed adolescent students, decisions about whether or not to mainstream into academic or nonacademic classes must not, therefore, have been dependent upon a student's tested ability to perform in the basic "tool" academic areas. Academic achievement considerations might still have affected a decision about mainstreaming if (a) the student's everyday academic functions were consistently below what he could do, or (b) his functionings were quite variable. Further, mainstreaming decision makers may view proficiency in basic academics as not closely related to seriously emotionally disturbed students' success in academic content classes found in middle or junior high schools.

Regardless, the academic achievement results may have implications for appropriate education of seriously emotionally disturbed adolescents. Analyses of the IEPs of seriously emotionally disturbed students (e.g., Fiedler & Knight, 1986; Smith & Simpson, 1989) indicate that many IEPs are inappropriate in various ways, including a frequently unjustified emphasis on academic remediation objectives. The present finding that basic academic proficiency does not differentiate mainstreamed and nonmainstreamed seriously emotionally disturbed students suggests caution in establishing extensive academic goals and objectives for these adolescents. Perhaps multidisciplinary teams need to focus a greater amount of attention on identifying appropriate goals and objectives to address the social-emotional problems of these students.

Although seriously emotionally disturbed students may tend to attribute their problems in school functioning and other areas of performance to external controlling influences (e.g., Coutinho, 1986; Nowicki & DiGirolamo, 1989), present results do not indicate that this tendency discriminates between mainstreamed and nonmainstreamed seriously emotionally disturbed students. Nor were mainstreamed and nonmainstreamed groups discrepant on a variety of study skills and strategies supportive of achievement, as judged by themselves or by their teachers. Thus, although teaching study strategies and academic survival behaviors to such students would appear to be logical and promising, it is not clear that these skills are prerequisites for mainstreaming. In fact, it is uncertain that seriously emotionally disturbed adolescents are generally deficient in their knowledge of such school survival skills; this is an area in need of careful study. Practically speaking, such survival, study, and learning skills should be assessed for each student before extensive teaching resources are committed.

On the other hand, a few teacher-reported study skill areas differentiated the seriously emotionally disturbed groups. The mainstreamed students had significantly greater *Interest in School* — persisting in school work, not wasting time, appearing to care about doing well. The mainstreamed-academic group was significantly better than the other groups in the areas of attendance, punctuality, and participation (*Following Rules)*. These are not, of course, sophisticated academic learning strategies but rather, fundamental, readily performed student role or "citizenship" behaviors. Their nonperformance may reflect motivational problems as much as or more than learning deficits.

There are several limitations to this study which temperthe implications. First, the measures used in this study included standardized achievement and rating scales. These measures provide global indices of students' performances in each of their respective areas. The use of more direct assessment measures such as curriculum-based assessment for content area curricula and simulation probes to measure study skill proficiencies would provide more specific and detailed descriptions of the subjects' competencies. Other dependent measures of academic performance such as grades, homework completion, and academic production and accuracy rates may be important to describing the academic functioning of mainstreamed and nonmainstreamed pupils.

Second, the subjects of this study were attending schools in middle-class suburban areas of a major metropolitan area. Therefore, the findings are only generalizable to students in a similar situation. Certainly, additional research will be needed to validate these findings across youth in urban and rural settings.

Third, the sample was predominantly 12- to 14-year-old male students receiving educational services in self-contained special education classrooms. As a result, no statements can be drawn about the findings with regard to mainstreamed and nonmainstreamed males who are younger or older than the present sample, and seriously emotionally disturbed females. These possible limitations are similar to other research in special education and call for a replication of the procedures of the present study.

The findings from this research indicate a need to further investigate the factors that contribute to the mainstreaming decisions of multidisciplinary teams. A number of other factors such as availability of appropriate placements, attitudes of school administrators and regular education teachers, student characteristics, and parental advocacy may impact the opportunities for seriously emotionally disturbed students to be placed into mainstream settings. A systematic study of the multidisciplinary team process and the contributions of student, school, and parental factors to the placement of students in mainstream settings is required.

Another area for researchers to pursue is an indepth study of the academic functioning of seriously emotionally disturbed adolescents. For the most part, measures of their academic competence have included standardized measures of achievement and ability. While such measures yield useful global indices for general comparison, these measures do not usually provide detailed information on specific areas of strength and weakness. For instance, a more valid indicator of actual classroom performance could be obtained by using curriculum-based instruments which measure learning in relation to the specific content pupils receive in their classes.

Second, much of the academic competence research has dealt largely with the basic skill areas of reading, arithmetic, and spelling. Because the demands of a secondary classroom require other types of skills such as reading comprehension, written expression, and oral communication, it is equally important that these areas be the focus of academic research.

Third, many adolescents with behavioral disorders will receive part of their education in regular education content-area classes such as social studies, science, vocational education, and history. It is important that the academic functioning of students in these content-areas be documented as well.

Finally, there is no research to describe seriously emotionally disturbed adolescents' use of study skills or other learning strategies in their academic study. Information describing students' skills in areas such as test taking and time management would be extremely valuable to classroom teachers in the development of curricula and sound educational programs.

The goal of providing the most appropriate educational services to seriously emotionally disturbed students is best met through sound educational programing (Reitz, 1985). This means that students must be adequately assessed in all areas of academic, social, and vocational functioning. Based on these data, appropriate goals and objectives must be established in each area of functioning and progress monitored toward the established criterion through the use of data-based measures. Similarly, multidisciplinary team decisions to mainstream seriously emotionally disturbed students should be made using the principles of sound programing. The identification of specific factors which facilitate the placement of these students into successful mainstreaming placements will be of interest to educators of seriously emotionally disturbed adolescents.

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Responses Which Foster Students with Behavioral Disorders' Access to Least Restrictive Environments: A Literature Review

John J. Wheeler, John H. Hoover, and Sidney R. Miller

ABSTRACT

It is increasingly argued that treatment of disordered behavior should serve to increase students' access to less restrictive environments. Disordered behavior can be defined in terms of the excesses and deficiencies which reduce students' access to least restrictive environments or put them at risk for movement to restrictive educational settings. In this review teachers' behavioral expectations and tolerance for deviant behavior are examined. These data may guide development of programing for students with behavioral disorders.

The driving force for educational services in mental retardation has come to be access to increasingly normative environments or what has been called the transition movement (Brolin, 1988). Several writers have argued that this is also central in programing for students with behavioral disorders (Neel, 1984; Strain, Odom, & McConnell, 1984).

Some aspects of programing for these students have not been sanguine. Grosenick (1986) found, for example, that only 20% of students with serious emotional disturbance were successfully reintegrated after treatment in residential mental health facilities. Failure to generalize skills learned in restrictive settings as well as mental health and corrections recidivism all point to serious reintegration problems (Bloom & Hopewell, 1982; Michelson & Mannarino, 1986; Schloss, Schloss, Wood, & Kiehl, 1986). Strain et al. (1984) argued that programatic failures result from selecting treatment goals on a "seat of the pants" basis. In other words, subtleties of expectations must be considered in programing. "Teachers are unlikely to accept and work successfully with students who chronically fail to conform to their standards of teachability or tolerability" (Kauffman, Lloyd, & McGee, 1989, p. 185).

In order to facilitate integration it is important to identify behaviors and situations which impact on teacher and student expectations. Several reasons exist for such an inquiry. These social behaviors may represent entry requirements for integrated environments or allow students to remain in regular schools and classes (Algozzine & Curran, 1979). For example, students with behavioral disorders can often be discriminated from their peers based on aberrant social responses. These, perhaps in combination with the labeling process, lower students' status both in the eyes of peers and teachers (Bullock, Zagar, Donahue, & Pelton, 1985; Sabornie & Kauffman, 1985). In addition, it is possible that teachers' tolerance for misbehavior will impact on the ability to maintain students with behavioral disorders in a particular classroom (Algozzine & Curran, 1979; Gesten, Cowen, DeStephano, & Gallagher, 1980). Finally, disagreements on programing options may result from differing expectations between special and regular education teachers (Kauffman et al., 1989).

Differences Between Regular and Special Educators

Walker and Rankin (1983) evaluated differences in attitude between regular and special educators. Overall, the authors felt that special and regular education teachers' attitudes were similarly "narrow, intense, and demanding" (p. 282) based on the absolute number of prosocial behaviors considered critical and antisocial behaviors rated unacceptable. No quantitative information supportive of this argument was provided, however.

The question of special-regular education differences has been more directly tested in subsequent studies. Safran, Safran, and Barcikowski (1985) reported no differences between regular and special teachers on "tolerance of school-related problem behaviors" (p. 12). No difference was observed between groups of teachers on any of 11 behavior clusters. In the case of both regular and special education teachers, negative aggression was rated least tolerable.

Using the SBS inventory (Walker & Rankin, 1980), Kerr and Zigmond (1986) compared the expectations of secondary special and regular educators. Limited differences accrued on the ratings of critical appropriate behaviors; noteworthy differences, however, were observed on behaviors rated as inappropriate. Secondary regular educators were more demanding, differing significantly on the following dependent measures: student tests/challenges, classroom rules, student babbles to her/himself, students reacts with defiance to instructions, student is excessively demanding, interrupts teacher, asks irrelevant questions, and reacts negatively to assigned work.

Safran and Safran (1987) were interested in how special-regular education differences interacted with setting variables such as manageability and potential for contagion. Rather than having teachers react to a list of behaviors, a specific target child was rated from videotaped simulations. Regular-class teachers rated observed behaviors more stringently than their special education colleagues but no significant differences accrued for ratings of problem manageability or contagion. Teacher type did not interact with setting variables, with both regular and special teachers rating behaviors as generally more disruptive when nontarget or background children were disruptive.

Walker and Lamon (1987) compared responses of American and Australian regular and special education teachers on the SBS inventory and correlates checklist. Considerable overlap was noted between regular and special educators in items rated as critical or unacceptable; but overall, special educators evidenced lower demands and greater tolerance than their regular education counterparts.

Special education and regular class teachers' responses were incidentally compared in a study specifically designed to examine tolerance as a function of felt need for technical assistance (Kauffman et al., 1989). These authors found no differences between the groups on the number of items rated critical or unacceptable. No systematic evaluation of possible qualitative special versus regular education teacher differences was undertaken.

In the cross-cultural comparison conducted by Walker and Lamon (1987) it was suggested that American teachers responded more strenuously to classroom misbehavior while Australian teachers placed more emphasis on academic and learning responses. For example, American teachers did not rate "asking irrelevant questions" as highly unacceptable, while Australian teachers did.

Overall, a confusing pattern emerges when tolerance of regular and special education teachers is compared, with about an equal number of researchers reporting differences and no differences. It is not clear whether or not there are differences in the number of behaviors deemed necessary or unacceptable between special and regular education teachers, or whether important qualitative differences appear occasionally in quantitative analyses. Several possible explanations for the lack of agreement between studies are possible, however. First, the level of analysis used in analyzing responses may impact on results. Second, the age of pupils served by teachers may be a factor.

Either the *Student Behavior Checklist* developed by Walker and colleagues or items from the *Devereux Elementary School Rating Scale* (Swift, 1982) was used to generate dependent measures for a majority of reviewed studies. Dependent measures for the SBS were generated either via summing total items indicated as important in the pro- and antisocial categories or treating each item as a Likert-type variable. In the latter case, most analyses were undertaken by comparing the order of ratings rather than directly testing for differences between teacher types. In the case of the Devereux, items were rephrased by Safran and colleagues so as to refer to teacher perceptions rather than student behavior per se; items were scored on a Likert scale. Several methods were used to combine items; researchers either accepted subscales from the Devereux (Safran & Safran 1984, 1985) or factor analyzed the instrument prior to comparative analyses (Safran, Safran, & Barcikowski, 1988).

It is possible that divergent findings resulted from differing dependent measures and statistical treatments. When Safran et al. (1985), for example, used a dependent measure generated from a behavior rating scale, they found no difference between special and regular educators. When Safran et al. (1988) first factor-analyzed the instrument, then used resulting factors as dependent variables, differences between special education and regular education teachers were observed. Different levels of tolerance were typically observed when large numbers of subjects were compared using the SBS (Kerr & Zigmond, 1986;; Walker & Lamon, 1987). A task left for researchers is determining the degree to which teacher tolerance findings are instrument specific. One starting point would be to examine the dimensionality of the Safran-Devereux and SBS together. The two instruments were developed for different purposes. The Devereux adaptations were developed for research purposes. Walker and Rankin (1983) intended the SBS for clinical use in mainstreaming.

Another variable which deserves empirical attention is age of students served. It is possible that teachers' expectations, both for appropriate and inappropriate behavior, change as a function of the age of the students they serve. Kindergartners possess fewer social skills in an absolute sense than do high school seniors. "Demandingness" of expectations may increase linearly with age, with acceleration slopes differing between teachers serving primarily nonhandicapped and handicapped children. The "expectation slope" shown in Figure 1 increases faster for teachers of nonhandicapped children. Elementary-level differences may be difficult to detect against background variability. With increasing age of students, differences between elementary and special education teachers would be easier to detect. This model suggests that if high school

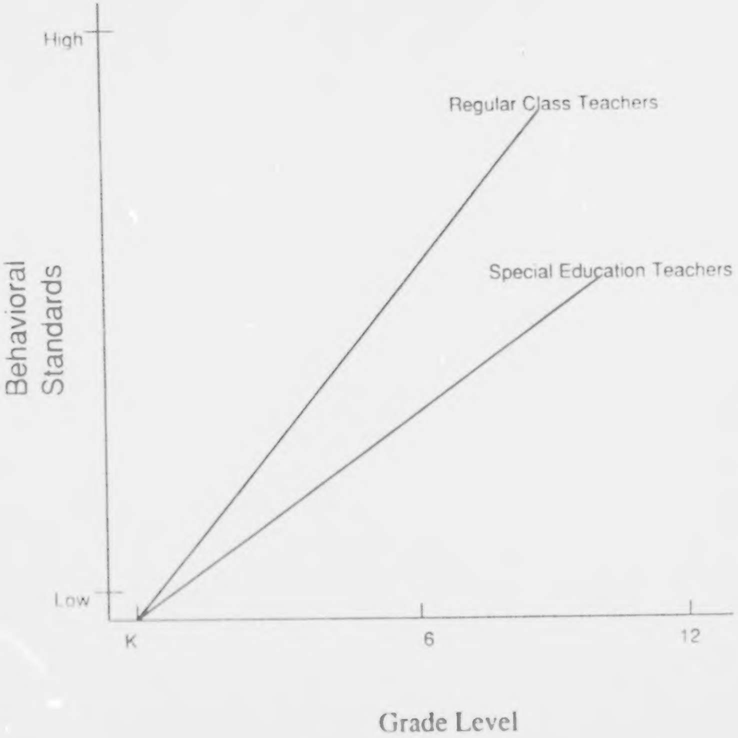

Figure 1. *A proposed model expressing demandingness of behavioral standards as a function of age and category of student served.*

special and regular education teachers were compared, a clear difference in expectations for behavior would be observed but that at lower grades findings would be mixed.

In studies reporting no regular versus special education differences, elementary teachers served as primary subjects or subjects represented many grade levels (Kauffman et al., 1989; Safran et al., 1985). In one study where clear difference in teacher expectations were observed, secondary teachers only served as subjects ((Kerr & Zigmond, 1986). Whereas with elementary teachers Safran et al. (1985) found no difference, the same group noted divergent expectations when elementary through middle school teachers were questioned (Safran & Safran, 1987).

While not testing for elementary versus secondary differences specifically, Kauffman et al. (1989) reported qualitative differences between the expectations of elementary and secondary teachers. The raw number of behaviors rated as either critical or unacceptable was greater for the elementary teachers. This finding is not incompatible with the model shown in Figure 1 because the interaction between grade level taught and special versus regular education were not tested. The idea that teacher expectation differences between special and regular education teachers increases with age of students served deserves empirical attention.

Other Variables

Differences between regular and special education teachers was not the only variable of interest to researchers. The effect of contagion on perceptions, ratings, or perceptions of severity (of misbehavior), manageability, perceived technical assistance needs, and demandingness have also been examined.

Contagion. It has never been established empirically that certain behaviors spread disorder in a classroom more than others but teachers embrace the notion (Kounin, Freisen, & Norton, 1966). Safran and Safran (1985) investigated the possibility that perceptions of the degree to which a behavior would spread disorder would impact on the propensity of it to be rated unacceptable. A significant correlation was observed between contagion and tolerance indicating that if teachers thought a behavior would add to the general level of disorder they were less willing to accept a student exhibiting this behavior. Fear of contagion did not add to differences between regular and special educators in perceived ability to manage behaviors (Safran & Safran, 1987).

Disruptiveness. Safran and Safran (1987) examined the effect of background disruptiveness by contriving situations where backgrounds of an elementary math class were either disruptive or nondisruptive. The level of disruptiveness of the class as a whole related to teacher perceptions of target student behaviors. Teachers rated behaviors as more unacceptable when they observed them against a disruptive background, but the disruptiveness of the background did not impact on ratings of manageability of target inappropriate behaviors.

Technical assistance needs. Kauffman et al. (1989) asked teachers who rated a behavior as critical or unacceptable whether they would accept the child showing (or not showing) that behavior if provided technical assistance. Provision of technical assistance did not have a large impact on teachers' willingness to deal with students either lacking a critical skill or evidencing an unacceptable behavior. For example, 70% of elementary teachers and 55% of secondary teachers reported they would resist placement of a student with deficient self-help skills. Of this group, 27% of the elementary group would reconsider with technical assistance as would 18% of the secondary teachers. Only 9% of elementary teachers who would resist placement of an uncontrollably aggressive child would reconsider given technical assistance.

Teacher personality or style differences. A line of inquiry which may provide information relevant to mainstreaming is equating teacher personality or style variables with willingness to accept mainstreamed students with behavioral disorders. Osborne (1985) found, for example, that teacher personality variables correlated with observable teacher responses to problem situations.

Kauffman et al. (1989) defined subsets of teachers as high or low on a demandingness variable. This was done by counting the number of behaviors that teachers rated as critical or unacceptable and dividing at the median. To more dichotomous variables, *personal responsibility* and *self-efficacy* were similarly developed. Personal responsibility was quantified by dividing teachers based on the number of behaviors which they were willing to accept either with or *without* technical assistance. Self-efficacy was determined on the basis of accepting behaviors without technical assistance. The only statistically significant result was that teachers low on self-efficacy were more demanding than teachers high on self-efficacy. Further work needs to be done to understand personal characteristics that interact with both willingness and ability to work with students with behavioral disorders. This approach should continue with the use of well-established personality inventories rather than post hoc groupings based on available dependent measures.

Critical and Unacceptable Behaviors

A few common themes emerge across studies regarding the nature of behaviors found critical by teachers. First, it appears that teachers react more to negative behaviors than to lack of positive ones. For example, Algozzine (1979) reported overt social defiance as most disturbing to regular class teachers as did Safran and Safran (1984). Second, teachers were relatively unconcerned about student-on-student social behaviors. An exception to this was that "poor peer cooperation" was the second most intolerable behavior rated by a sample of elementary teachers (Safran & Safran, 1984). However, it should be noted that the instrument used in this study contained fewer negative behaviors than the SBS.

Teachers tended to find more negative behaviors unacceptable than positive behaviors critical. Results from the Kauffman et al. (1989) study were typical. If behaviors checked by 70% or more of secondary or elementary teachers are defined as important, 7 out of 56 possible (12.5%) critical behaviors emerge as important, while 20 out of 51 (39%) unacceptable behaviors were so rated. It is not entirely clear whether this difference is generated by the SBS instrument or whether teachers really are more concerned about maladaptive behaviors.

In rating behaviors critical to mainstreaming, there may be a tendency for teachers to list extreme and rare behaviors and behaviors other than interpersonal and social skills. Among regular secondary teachers, for example, Kerr and Zigmond (1986) found the two highest rated critical skills to be *student follows established classroom rules* and *student listens to teacher instructions or directions for assignments*. The two most intolerable behaviors were *student engages in inappropriate sexual behavior* and *student steals*.

Several writers have argued that effective programing for students with behavioral disorders is dependent upon targeting behaviors which have a high likelihood of receiving positive reinforcement in natural environments (Strain et al., 1984). Results from studies reviewed here indicate that there may be significant differences between behaviors deemed important by teachers and the types of social skills which will allow students with behavioral disorders to successfully interact with their peers. It is important that researchers turn their attention to this possibility.

Wheeler (1989) compared student and teacher perceptions of critical social skills. He found that perceptions of teacher and students were highly correlated. However, it is noteworthy that he asked students specifically to rate behaviors that were important to teachers. Both students with behavioral disorders and nonhandicapped students accurately appraised social skills valued most by teachers. Student preferences for peer responses were not assessed. This represents another useful line of inquiry in support of efforts to mainstream students with learning disabilities (Foster, DeLawyer, & Guevremont, 1986; Gottman, Gonso, & Rasmussen, 1975; Moore & Simpson, 1983).

CONCLUSIONS AND RECOMMENDATIONS

No clear differences between behaviors rated unacceptable or critical by special and regular educators were noted in this review, though a trend was suggested for differences to increase with student age as demands for more sophisticated behavior increase. Teachers tend to rate many inappropriate behaviors as unacceptable and may be less concerned with social skills and behaviors deemed critical. This literature can best be described as "emerging"; the authors outlined several topics for researchers to address subsequently. These and others are listed below by way of recommendations.

1. Consistency of dependent measures needs to be developed. Comparisons of the structure of competing instruments need to be investigated as does the degree to which conflicting results are a function of instrumentation.
2. The age of pupils served is a variable which may impact on teacher tolerance and as such deserves empirical attention.
3. Willingness to accept divergent behaviors in class may co-vary with teacher personality and style. Attempts to identify personality traits impacting on the ability to work with students with behavioral disorders in mainstream classes should continue.
4. Peer-nominated critical and unacceptable social skills must be identified.
5. Findings from the type of survey research reviewed in the present article should be validated and cross-referenced with studies using behavioral observation-based methodology.

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Evaluating Case Study Methods Used to Diagnose Behavioral Disorders

Stanley L. Swartz

The research literature is replete with the difficulties involved in diagnosing children with behavior problems (see, for example, Grosenick & Huntze, 1983; Walker & Fabre, 1987). Definition, identification, and measurement of behavioral disorders in children are the focus of continuing debate in the field of special education (CCBD, 1984, 1987). Definitional consensus for the behavioral disorders category has not been established (Cullinan & Epstein, 1979; Epstein, Cullinan, & Sabatino, 1977; Kavale, Forness, & Alper, 1986) and even the issue of an appropriate label for this population is unresolved (Swartz, Mosley, & Koenig-Jerz, 1987). Ongoing measurement issues include the inadequacy of assessment procedures and instrumentation (Ysseldyke and Algozzine, 1984), suitability of some personnel involved in the diagnostic process (Gresham, 1985), and the adequacy of teacher referral in terms of appropriateness or objectivity of data collected (Algozzine, Ysseldyke, & Christenson, 1983).

In a survey of all fifty states and the District of Columbia, considerable diversity was found in methods used to identify the behaviorally disordered population (Swartz et al., 1987). Three states had no referral and evaluation procedures, and of the remaining forty-eight, procedures ranged from recommended to mandated and from very general suggestions to very specific stepwise requirements. The results of this study suggested the absence of any coherent notion of best practices in the evaluation of behavioral disorders in children.

These general concerns regarding the evaluation process used to determine eligibility for special education and questions about the required case study used in Illinois set the stage for this study. The procedures required in Illinois for special education referrals were developed as an attempt to implement known best practices in the evaluation process. Illinois represented a good study opportunity because it has one of the most highly prescribed methods for special education evaluation. Required case study components and their operational definitions included the following:

1. *An interview with the child.* The purpose of the child interview is to obtain the child's perceptions related to the school, home, and community environments.

2. *Consultation with the child's parents.* The purpose of consulting with the parents is to ascertain their perceptions and provide the parents with an opportunity to express their issues and concerns.

This study was completed under a contract with the Illinois State Board of Education, Bobbie Reguly, staff consultant. Research team members included William Mosley, Robert Ristow, Linda Meloy, and Kristy Wethington.

3. *Social developmental study.* The purpose of the social developmental study is to assist the educational team to understand the student, her/his in-school and out-of-school behaviors, and how the many environments affect the student so that the team members may develop the best possible educational plan for the student.

4. *Assessment of the child's adaptive behavior.* A simplified definition of adaptive behavior is the effectiveness with which an individual functions independently and meets culturally imposed standards of personal and social responsibility.

5. *Assessment of the child's cultural background.* The purpose of the cultural background assessment is to determine how the student's culture or background affects the ability of a student to function in the school, as well as to determine if the school and community are responding to the child appropriately.

6. *Child's medical history/current health status.* The purpose of the review is to determine if there are health problems which contribute to the student's current educational problem, interfere with the student's learning processes, and/or require a change in the student's educational program.

7. *Vision screening.* All students being evaluated for special education services must have a vision screening completed at the time of the evaluation or within the previous 6 months.

8. *Hearing screening.* All students must have a hearing screening completed at the time of the evaluation or within the previous 6 months.

9. *Review of child's academic history and current educational functioning.* The purpose of reviewing the child's academic history is to determine if there is any pattern in the student's schooling which affects the child's ability to complete her/his current educational program.

10. *Educational evaluation of the child's learning processes.* Learning process deficits can be observed by a teacher who systematically observes the areas of attention discrimination, memory, multiple sensory integration, concept formation, and problem solving.

11. *Level of educational achievement.* This includes information on what a student has learned, how s/he processes information, and the current amount of learned information.

12. *Assessment of the child's learning environment.* The intent of the learning environment assessment is to determine the level of match between a classroom environment and the particular student evaluated for potential placement in special education programing.

13. *Specialized evaluations selected on an as-needed basis.*

> Speech and language – the purpose of the speech and language evaluation is to determine the degree and extent of oral language usage, receptively and expressively, and language processing abilities.
>
> Medical examination – suspected physical, health, vision, or hearing impairment.
>
> Psychological evaluation – refers to the use of formal and informal data collection devices with individual children to obtain information which leads to knowledge of a child's learning rate and style and thus provides a basis for personalized instruction (23 Illinois Administrative Code 226).

Other specialized evaluations include vocational evaluation, audiological evaluation, and evaluations to determine the need for occupational and physical therapy.

METHOD

Data specific to the case study procedures used were collected by surveying professionals involved in special education evaluation throughout the state of Illinois (*N* = 549, 53% return). Respondents included regular teachers (*n* = 49), regular administrators (*n* = 53), special education teachers (*n* = 49), special education administrators (*n* = 58), school psychologists (*n* = 59), school social workers (*n* = 59), speech and language therapists (n = 50), school nurses (*n*=48), school counselors (*n* = 42), audiologists (*n* = 22), occupational therapists (n = 33), and physical therapists (*n* = 43). Respondents were asked to rate usefulness of the various case study components on a 1 (low) to 5 (high) scale and indicate what professional should have primary responsibility for component completion. In addition, respondents were asked what modifications should be made in case study requirements for children of different ages and severity of behavior disorder (mild or moderate).

RESULTS

Respondents were asked to rate each of the required case study components on a 1 (low) to 5 (high) scale depending on their perception of how useful each

TABLE 1

Rating of Case Study Usefulness (N = 549)

	Mean Rating	SD
Child interview	3.87	1.29
Parent consultation	4.52	.88
Social developmental study	4.24	1.04
adaptive behavior	4.14	1.08
cultural background	3.94	1.14
Medical history	4.45	.88
current health status	4.50	.86
Vision screening	4.38	.96
Hearing screening	4.40	.96
Academic history	4.50	.85
current educational functioning	4.63	.82
Evaluation of learning processes	4.46	.95
levels of educational achievement	4.44	.94
Assessment of learning environment	3.81	1.19
Specialized evaluations		
psychological	4.62	.85
medical	4.14	1.16
speech and language	4.35	.97
audiological	4.08	1.15
vocational	3.61	1.27
occupational therapy	3.77	1.28
physical therapy	3.80	1.27

TABLE 2

Primary Responsibility for Case Study Component Completion (N = 549)
Data Shown in Percentages

	Regular Teacher	Regular Admin.	Special Teacher	Special Admin.	Psychologist	Social Worker	Speech & Lang.	Nurse	Counselor	Audiologist	O.T.	P.T.	Physician
Child interview	26	3	20	3	55	44	9	4	20	4	4	4	3
Parent consultation	25	10	17	9	30	61	5	7	15	3	3	3	3
Social developmental study	4	0	3	1	10	71	1	2	6	0	0	0	0
adaptive behavior	0	1	6	1	18	62	1	2	6	0	2	1	1
cultural background	4	1	2	1	10	65	2	5	6	0	0	0	1
Medical history	1	0	1	1	3	12	2	65	1	4	3	4	27
current health status	2	1	1	1	2	8	1	58	1	2	1	1	23
Vision screening	1	0	1	1	0	0	2	83	5	4	0	5	14
Hearing screening	1	0	1	0	1	0	4	65	0	27	0	0	9
Academic history	48	10	25	4	18	5	1	0	13	0	0	0	0
current educational functioning	53	4	31	3	22	2	2	0	6	0	0	0	0
Evaluation of learning processes	25	2	32	5	56	2	2	4	3	1	1	1	0
levels of educational achievement	28	1	30	4	44	2	1	0	5	1	1	0	1
Assessment of learning environment	26	17	29	11	38	14	2	0	6	1	2	1	4
Specialized evaluations													
psychological	1	0	2	1	87	1	0	3	1	0	3	0	2
medical	1	4	1	0	1	2	2	37	1	2	2	2	63
speech and language	1	0	3	1	1	1	83	2	0	7	0	0	2
audiological	1	0	1	1	0	0	7	11	1	74	1	4	4
vocational	8	2	26	4	7	5	0	1	34	2	11	3	3
occupational therapy	0	0	1	0	0	1	0	1	0	1	82	4	3
physical therapy	0	0	1	0	1	0	0	1	0	1	5	76	6

component was in the identification process. Mean rating and standard deviations for usefulness of case study components for all respondents are listed in Table 1. Ratings ranged from a low of 3.61 for vocational evaluation to a a high of 4.63 for current educational functioning.

Table 2 lists responses indicating those professionals who should have primary responsibility for completion of each case study component. Though considerable overlap is seen for some components, teachers, psychologists, and social workers emerge as primary diagnosticians. Other specialists were perceived as having more narrow areas of responsibility.

Table 3 lists mean ratings for usefulness for the primary diagnosticians: regular teachers, special teachers, school psychologists, and school social workers. As might be expected, each group rated their own areas of responsibility slightly higher. It should also be noted that the special education teacher was not indicated as the individual with primary responsibility for any of the case study components.

TABLE 3

Rating by Case Study Usefulness by Primary Diagnosticians

	Mean Ratings for			
	Regular Teacher	**Special Teacher**	**Psychologist**	**Social Worker**
Child interview	4.53	3.64	4.04	4.22
Parent consultation	4.56	4.29	4.44	4.71
Social developmental study	4.29	4.26	4.45	4.77
adaptive behavior	4.32	4.05	4.24	4.43
cultural background	4.08	3.90	3.94	4.29
Medical history	4.54	4.17	4.35	4.73
current health status	4.43	4.40	4.38	4.71
Vision screening	4.42	4.29	4.28	4.61
Hearing screening	3.94	4.33	4.25	4.65
Academic history	4.76	4.35	4.45	4.53
current educational functioning	4.70	4.62	4.57	4.71
Evaluation of learning processes	4.54	4.40	4.24	4.51
levels of educational achievement	4.48	4.45	4.53	4.36
Assessment of learning environment	4.06	4.87	3.52	3.87
Specialized evaluations				
psychological	4.50	4.43	4.80	4.77
medical	4.30	4.13	3.86	4.12
speech and language	4.15	4.17	4.45	4.30
audiological	4.00	3.91	3.94	3.90
vocational	3.46	3.43	3.32	3.66
occupational therapy	3.40	3.55	3.43	3.67
physical therapy	3.40	3.58	3.50	3.74

Listed in Table 4 are the recommended modifications, or those case study components that might be omitted for different age levels (preschool, elementary, junior high, high school) and severity of behavior disorder (mild or moderate). Preschool was the level most frequently suggested for case study modification. Modifications are listed for child interview, parent consultation,

TABLE 4

Recommended Modifications of Case Study Requirements (N = 502)

	Percentage					
	Age Levels*				Severity	
	P	E	J	H	Mild	Moderate
Child interview	27	17	8	9	11	10
Parent consultation	9	11	11	16	3	6
Social developmental study	4	3	7	9	2	1
adaptive behavior	2	3	1	1	3	3
cultural background	3	6	7	6	1	1
Medical history	0	1	2	1	2	3
current health status	1	2	1	3	2	2
Vision screening	1	1	2	3	3	4
Hearing screening	2	1	2	4	5	7
Academic history	16	12	3	4	3	2
current educational functioning	13	11	5	5	3	14
Evaluation of learning processes	6	7	4	4	2	4
levels of educational achievement	11	10	9	7	3	12
Assessment of learning environment	2	3	1	2	2	1
Specialized evaluations						
psychological	9	2	3	3	4	3
medical	0	1	2	2	0	3
speech and language	2	3	7	11	2	3
audiological	1	1	2	1	1	2
vocational	13	13	16	9	7	14
occupational therapy	12	14	21	20	17	18
physical therapy	16	19	20	19	13	16

*Age Levels: preschool, elementary, junior high school, and high school

educational functioning and achievement, and the specialized evaluation areas of vocational and occupational and physical therapy.

DISCUSSION

Overall ratings for usefulness of case study components were high. Highest ratings for current educational functioning and psychological evaluation suggest their importance in determining eligibility for special education. It is interesting to note that of four traditional assessment components (current educational functioning, psychological, educational achievement, and learning processes), three were perceived as the responsibility of the school psychologist. Evidently there is still a strong belief that information in these areas is best obtained by a school psychologist. Only current educational functioning was perceived to be an area where regular educators and special educators could collect information.

This traditional psychoeducational approach to evaluation is probably deeply rooted in the current concept of assessment. While many authors and some states are suggesting criterion referenced and curriculum-based assessments, professionals still perceive the need for specialized diagnostic services to be provided by the school psychologist. Professionals want information about academic aptitude and achievement but also feel that data concerning how a child learns is important. However, either they do not feel competent in the collection of such data and thus rely heavily upon the school psychologist or there is still a strong belief in the value of intelligence testing as a measure of academic or school-based performance.

The impact of Public Law 94-142 can be seen in the high rating of parent consultation. Again, while many professionals rated this component as useful and important, the responsibility for collecting this data was given to the social worker and the school psychologist. It may well be that parent consultation is not really perceived as a sharing of experiences but rather as an assessment of the home environment. The intent of parent involvement outlined in PL 94-142 is to provide parents with input into their child's educational program and to develop a partnership between home and school. The heavy reliance on specialized personnel to obtain data from parents may not necessarily provide this. Of the direct educational service personnel involved in a child's program, the special education teacher was perceived as the least responsible. Perhaps special education teachers perceive themselves and are perceived by others as being too involved in the child's educational program to discuss parent input relative to assessment, or perhaps, as alluded to earlier, parent involvement is not perceived as a collaborative effort but as a means to assess the child's home environment. It is interesting that the special education teacher was not perceived as having strong primary responsibility for any of the case study components.

Two other case study components that rated high were those of medical and academic history. The emphasis on these two areas supports the suggestion that the trend is still towards the more traditional evaluation methods. Special education and related service personnel still have a strong need to see the history of the child being referred. It was not surprising to find that the nurse was seen as the primary person responsible for collecting the medical data even though this could be supplied by the family physician. The present system used personnel outside the school only infrequently. Also not unusual was the focus on the regular educator to provide information on the academic history of the child. This reliance on the nurse for medical history and the regular teacher for academic history appears to be a simple case of assigning data collection responsibility to the professional closest to the data. Interpretation by the nurse is obvious, but what about the reliance on the regular teacher for interpretation of academic history? Perhaps special education professionals perceive that regular teachers are more expert on the regular education curriculum and that they are needed to interpret this information. Or the simpler explanation is that the regular teacher must be involved in the evaluation process and this is one easy way to accomplish that involvement.

Questions relative to quantitative and qualitative measurements of a student's behavior are a continuing issue in the evaluation process. Concerns over cultural considerations, environmental constraints, and validity/reliability measures often cause confusion and hesitation over the use of standardized measures for assessing adaptive behavior. These concerns are reflected in the survey results. Indeed, while the mean ranking for usefulness was high, twelve other components ranked higher. Of the respondents, 62% indicated that the social worker had primary responsibility for collecting adaptive behavior information. This was also the case for cultural background and parent consultation. These three areas when linked to social development form the core of primary responsibility in the case study for the social worker. Aspects of the child that are considered outside the schools' domain (i.e., community) are evaluated by personnel typically based outside of the school.

Two of the required case study components rated lower than the others in terms of their usefulness: *assessment of learning environment* and *child interview.* Though the concept of the learning environment and its importance are probably well accepted, how to collect and use the information about it are less clear. Of primary diagnosticians, both the regular and special teachers have ranked it higher than the psychologists and social workers. Those who work in the environment obviously think it is more important than those who don't.

The child interview also leads the list of case study modification recommendations. The interview was seen as less important for younger children. The importance of parent consultation diminished as the age of the child increased. This could reflect the overall increase of parent contact over time or it might reflect the child as a more independent information source in the higher grades. Current educational functioning and levels of educational achievement were also suggested for modification. This is probably related to perceived availability of data.

The specialized evaluations, occupational and physical therapy, were also identified as possible modifications. These are likely seen as areas unrelated to the typical behavior disorder. The inclusion of vocational evaluation as a recommended modification of the case study is less clear. Perhaps its relationship to program design rather than program eligibility resulted in this recommendation.

In summary, while all the components of the case study were rated as useful, those that were psychoeducational and medical ranked as more useful than those that were sociological/environmental. The reliance on specialists, especially the school psychologist and social worker, for collecting and interpreting assessment data was noted. The apparent lack of inclusion of special educators in the assessment process was disconcerting. Apparently, special education teachers are not perceived as an important part of the diagnostic team as it relates to the case study. This decision could contribute to less than efficient program planning. If this decision not to include special education teachers in the assessment process is related, as is suspected, to the reluctance to release the special teacher from classroom responsibility to participate in the evaluation process, such a consideration has no place in appropriate evaluation procedures.

The various components of the Illinois case study apparently have much to recommend them. Given the high overall rating and their consistent utility with the behaviorally disordered population, they can be recommended for general use.

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Some Reflections on the Use of Restrictive Behavior Techniques with Autistic and Other Students with Behavioral Disorders: An Opportunity to Respond

Jan S. Handleman

ABSTRACT

Psychologists, teachers, administrators and other professionals are faced with the complex task of making clinical decisions regarding students with developmental disabilities and severe behavioral disorders. This task is particularly challenging in light of the highly specialized needs presented by this relatively low-incidence population. The diversity of needs which extend beyond the school into the home and community makes service delivery a very intricate process.

The controversy involving the use of restrictive behavioral techniques with the severely developmentally disabled further complicates reaching clinical decisions regarding the education and treatment of such students. Often the decision making process is challenged at the outset. The teacher, clinician, parent, or administrator becomes quickly acquainted with the professional debate over the definition and efficacy of restrictive treatment techniques. While discussions about the parameters of aversive procedures are varied, a general consensus has not yet been reached.

This presentation will survey the professional thinking regarding the use of aversives with students with developmental disabilities and severe behavioral disorders. Particular emphasis will be placed on the views of various advocates representing legal, medical, and policy-making perspectives. Opportunity will be available for participants to respond and to voice their comments. Consideration of the views presented by professionals and advocates regarding the use of restrictive behavioral techniques can have a direct impact on increasing the availability of treatment options. In this spirit, the effectiveness of researchers, teachers, clinicians, administrators and policy makers can only improve.

This article will focus on the decision-making process regarding the use of aversive procedures. A good place to begin is with a case study.

Case Report: Ron Smyth

Ron Smyth's record of professional evaluations and reports is very similar to those of other clients with a severe form of developmental disabilities. Developmental profiles mark relative abilities and deficiencies and the findings of various examinations are somewhat conflicting. All reports highlight Ron's specialized needs and his educational plan traces a 14-year search for an optimal setting.

At 18 years of age, Ron's file still addresses concern for his assaultive behaviors. From his discharge from a program for preschool children to a series of brief hospitalizations, Ron's explosive and uncontrolled behaviors remain a treatment challenge. In addition, his home management continues as a primary source of stress and frustration for his family.

While efforts to manage Ron's disruptive behaviors reflected the range of options suggested in both the psychological and educational literature, two particular treatment plans were highlighted in his record. One plan referred to the program implemented when Ron attended an inpatient psychiatric facility at age 13. The other described more recent programing at a specialized day school for the developmentally disabled.

When hospitalized in 1983, treatment primarily involved the trial use of a variety of medications. Of those prescribed, Haldol had the most dramatic effect on Ron's behavior. While Haldol suppressed Ron's assaultiveness, within a few weeks he developed "tic-like" mannerisms. Out of concern for permanent drug side effects, Haldol was discontinued and Ron was discharged two weeks later. His behaviors quickly returned to premedication levels.

The following September Ron was admitted to a specialized program for severely developmentally disabled students. After a comprehensive interdisciplinary evaluation, Ron was placed in a highly structured class for adolescents. While the curriculum emphasized life skills training, a low staff-to-student ratio combined with behavioral programing facilitated compliance training and the acquisition of basic attending skills.

Ron's initial progress was slow and programing needed frequent modification. Eventually, behavioral contingencies became less intrusive when efforts were directed to teaching Ron alternative ways to express his frustration. The reduction of demands, combined with the introduction of more life skills activities, seemed to contribute to increased management. In addition, a family involvement program provided the Smyths with more effective strategies to use at home.

Shortly before Ron's 18th birthday, a low dosage of Mellaril was used as an adjunct to programing. Ron's initial response to the medication was encouraging. The treatment package continued with sustained reduction in maladaptive behavior along with greater skill acquisition.

While Ron Smyth's challenge to the service delivery system is not unlike that of hundreds of other students with severe developmental disabilities, the evolution of his programing highlights contemporary professional thinking. For example, the case history includes reflections on the efficacy of medication and the use of intrusive behavioral strategies. In addition, the clinical decision-making process offers consideration for the role of adjunctive treatments and the functional nature of maladaptive behavior.

It is interesting to note the variety of modifications in programing that occurred during Ron's adolescent years and the eventual positive impact on his progress. The provision for functional application of skills, along with the systematic adjustment of demands, appears to have facilitated the gradual treatment gains. In addition, the cooperative school/home programing seems to have provided important consistency in program implementation. While none of these program components are new, refining the existing technology and broadening the decision-making process ultimately contributed to program success.

What are some of the decision-making variables we need to consider? Psychologists, teachers, administrators, and other professionals are faced with the complex task of making clinical decisions regarding clients with developmental disabilities. This task is particularly challenging in light of the highly specialized needs presented by this relatively low-incidence population. The diversity of needs which extend beyond the clinic into the home and community makes service delivery a very intricate process.

The controversy involving the use of aversives with the severely developmentally disabled further complicates reaching clinical decisions regarding the care and treatment of such clients. Often the decision-making process is challenged at the outset. The clinician, parent, or administrator becomes quickly acquainted with the professional debate over the definition and efficacy of aversive treatment techniques. While discussions about the parameters of aversive procedures range from the use of a stern "no" to the contingent use of electric shock, a general consensus has not yet been reached.

Clinicians and researchers have addressed the impact and importance of etiological factors on clinical decision making. Readers of some of this literature are presented with a sensitivity to the historical crisis orientation of the treatment of severe behavior problems and are asked to more closely analyze possible controlling factors. Often as a result of the life-threatening nature of some behaviors, the service delivery system is described as acting quickly but not always effectively. Considering maintaining factors such as etiology is suggested as a way to facilitate more long-term intervention.

Discussions of treatment considerations, including the use of aversive techniques, for life-threatening behaviors underscore the intricacies of the decision-making process. Due to the tendency to act promptly in the case of serious behaviors, the importance of care and caution are stressed. It has been suggested that a comprehensive, integrated treatment package which includes appropriate assessment and a full range of intervention strategies can increase clinical accountability and effectiveness.

Other authors have explored changing perceptions regarding the use of aversive techniques. Discussions have recounted the advances in behavioral treatment and have described recent efforts toward designing nonaversive alternatives. Commentary has also revisited some of the original approaches to the treatment of maladaptive behaviors within a new climate of expanding clinical options.

It has been suggested by some that as the result of the field's more precise understanding of problem behaviors in clients with disabilities, clinicians are now able to rely on the use of less restrictive procedures. For example, biological advances are reported as increasing our appreciation of those variables that underlie problem behaviors. In addition, early intervention efforts are described as accelerating treatment gains and facilitating the development of alternative positive behaviors. The shear power of two decades of clinical experience is being credited for the greater ability to analyze those critical environmental factors responsible for the development and maintenance of maladaptive behaviors.

These issues raise the critical question as to whether the current nonaversive technology is advanced enough to address even the most severe forms of behavior problems. Many have suggested that today it is not possible to conclude that nonaversive techniques are universally effective and that intrusive procedures are necessary for all clients. Tomorrow's solution, however, rests with our ability to refine, expand, and explore all possible options for the treatment of challenging behaviors.

Treatment planning for the client with a developmental disability is a highly systematic and comprehensive process. Regardless of orientation, programing considerations need to reflect not only educational, psychological, and administrative variables, but also medical, legal, and ethical constraints. The appropriate decision is often measured by the degree of balance of these important clinical issues.

Historical and more recent discussions regarding the treatment of serious maladaptive behaviors have included not only etiological factors, but also the potential risks and benefits of using medication. While pharmacological intervention has been advocated for the severely developmentally disabled, primarily as an adjunct to behavioral treatment, effectiveness can solely be judged on a per case basis.

Some physicians have examined a number of issues to be explored regarding the use of medication for dangerous and life-threatening behaviors. For example, qualifications for a candidate for pharmacological intervention have been described. Frequency and severity of behavior, along with limited effectiveness of psychoeducational strategies, are often highlighted as important variables for parents, clinicians, and administrators to consider.

These medical discussions underscore the importance of the interactive quality of pharmacological treatment and confirm many of the recent professional writings concerning the adjunctive role of medication in the control of maladaptive behaviors. It is often indicated in these writings that it is the rare client that responds to medication in the absence of behavioral or educational intervention, and the effectiveness of medication is supported only in conjunction with sound programing.

Often the decision regarding the use of aversive techniques to manage serious behavior problems is considered in light of legal issues. These concerns can range from the complexities of professional liability to the intricacies of guardianship and informed consent. An appreciation for the parameters and scope of the legal domain can facilitate the decision-making process for policy makers and clinicians.

Numerous outlines of state and federal legislation regarding the use of aversives are provided in the literature, along with summaries of recent court cases. Case commentaries analyze the legal limitations regarding behavioral intervention and identify approaches that are committed to clients' rights to effective treatment with dignity and respect. Some attorneys maintain that behavioral techniques should be systematically designed to meet legitimate treatment needs while minimizing client risk. In order to accomplish this goal, certain procedural safeguards and professional standards are suggested. Administrators and clinicians are challenged with the task of creating procedural safeguards and professional standards that balance effective treatment with appropriate regulation, oversight, and accreditation of programs. It is felt that the result of these efforts should be the evolution of a service delivery system that is highly responsive to the rights and needs of clients and accountable to society's many referees.

While advocates for clients with developmental disabilities are being sensitized to the various legal and medical issues surrounding the use of aversives, there remain a number of considerations regarding policy making and administration that need to be addressed. This important clinical decision-making process relies on the input from many disciplines and the interaction between clinical practice and administrative facilitation.

A number of authors have also explored some of the political realities regarding the use of aversive procedures. Their writings have attempted to further our understanding of the governmental process as it relates to the treatment controversy by tracing recent political and legal proceedings regarding the use of aversives. Some emphasize the importance of reshaping political thinking with the goal of providing clients with active treatment programs that protect human rights.

This small but important literature charges state managers and others involved in the clinical decision-making process with the mission of developing a successful balance between effective treatment and the protection of client rights. Prerequisites for this task include an awareness of the intricacies of both the political and legal systems. It is suggested that regardless of the outcome of the debate over the use of aversives, the treatment protocol needs to address concerns such as range of options, procedural safeguards, and oversight. With these assurances in place, it is felt that effective, accountable, and safe programing can be accomplished.

Others have focused their attention on the issue of effective implementation of behavioral treatment plans. Acknowledging the efficacy of behavioral techniques including the use of aversives, these authors underscore the importance of ensuring quality programing through successful staff supervision and training. The ultimate utility of aversive interventions, specifically, is viewed as dependent on staff management practices.

Some of these authors stress the concept of management practices that enhance, as opposed to impede, the utility of behavioral strategies. Particular attention, for example, has been focused on the special needs of paraprofessionals in the service delivery system. Regardless of position or role in program implementation, effective staff training and supervision are presented as critical considerations for deciding whether or not to use aversive procedures for the management of serious behavior problems.

The debate over the use of aversives continues to be presented on various levels. The various current discussions highlight the concerns of attorneys, physicians, and policy makers. We are also left with a sensitivity for the emotional reactions of parents and clinicians. The interplay of all these issues seriously complicates the main goal of providing effective treatment to clients with severe behavior problems.

Does this controversy have to result in taking a position for or against aversives? While professionals and parents may often feel a need to take one side or the other, the growing literature has provided information that focuses the attention of administrators, clinicians, and parents on the basic issue of effective treatment planning. The more one becomes acquainted with the positions of the various interest groups, the concepts of aversive and nonaversive interventions seem to become less distinct. What appears to emerge is consideration of the notion of refining a technology that has been evolving for close to two decades, as opposed to searching for alternatives.

The history of behavioral treatment of clients with severe developmental disabilities has been a relatively short one, however filled with great empirical and clinical enthusiasm. The initial reports of the success of operant techniques for teaching speech were soon followed with repeated documentation of the effectiveness of behavioral programing with a range of behaviors including self-injury, self-stimulation, and generalization. This very early confirmation of treatment efficacy facilitated a shift of attention from issues of instructional control and basic skills to concerns for providing the most comprehensive programing as possible through instructional strategies such as incidental teaching, naturalistic instruction, social integration, and functional analysis of behavior.

The growing literature regarding instructional approaches to the complex behaviors of the developmentally disabled has given us the opportunity to examine carefully our clinical efforts and to broaden our options. For example, the work regarding functional analysis has resulted in an increased awareness of the interactive nature of maladaptive behaviors. This work has given rise to greater consideration for the function of behavior in treatment planning, therefore enabling a finer tuning of our assessment strategies.

Recent efforts have given today's clinician a greater menu from which to tailor treatment programs. Incidental teaching can possibly supplement discrete trial instruction and motivational efforts may be enhanced by introducing more functional activities and providing community experiences. In addition, exposing some children to normally developing peers can possibly increase the success of mainstreaming efforts. All of these advances have served to promote more comprehensive and thorough treatment planning.

Our commitment to the specialized needs of clients with developmentally disabilities, like Ron in the case that opened this article, must continue to reflect a sensitivity to the many issues being raised. Consideration of the views presented by the various professionals and advocates regarding the use of aversives can have a direct impact on increasing the availability of treatment options. In our continuing efforts to broaden our understanding, we are also cautioned to resist narrowing our choices by abandoning those options that remain effective. In this spirit, our effectiveness as researchers, clinicians, administrators, and policy makers can only improve.

There remains a unique excitement surrounding the work being done in developmental disabilities. Not only does the professional community continue to grow, there is a special relationship with parents and advocates. It is the trust and commitment of all involved that continue to foster an atmosphere that is conducive to discussion, exploration, and expansion of thinking.

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Providing Help: Characteristics and Correlates of Stress, Burnout, and Accomplishment Across Three Groups of Teachers

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ABSTRACT

Recent literature has highlighted a need for concern about the high rates of attrition among teachers, particularly those who serve children experiencing behavioral problems. The purpose of the current study was to explore teachers' reports about their roles as informal help providers and their perceptions about potential school factors which contribute to job stress, burnout, and feelings of accomplishment. Three teacher groups — special education teachers in special centers, special education teachers in comprehensive high schools, and nonspecial education teachers in comprehensive high schools — were surveyed to evaluate (a) amount of time spent outside of class helping students with personal, career, and job concerns; (b) perceptions of the adequacy of resources in the school more generally; (c) judgments about the extent to which students used resources adequately; and (d) the relationship of informal help-giving and perceptions of school context to job stress, burnout, and accomplishment. Findings suggest all teacher groups spend a substantial amount of time providing informal help to students. While the amount of time spent was found to relate significantly to feelings of personal accomplishment across groups, it was not related to stress or burnout. Perceptions of adequacy of school resources and the adequacy of student resource use did relate to stress and burnout ratings. The findings are discussed in terms of the need for greater recognition of teachers as informal help providers and the need for more contextual, school level approaches to combating teacher burnout and stress.

Those concerned with children receiving special education services, particularly those identified as behaviorally disordered, have examined issues related to attracting and retaining qualified teachers. Several studies have noted the high rate of attrition among teachers serving children and youth with behavioral disorders. Huntze and Grosenick (1980) reported a 5-year attrition rate of 53% among teachers surveyed in five states, and Lawrenson and McKinnon (1982) reported a 48% attrition rate over 3 years in a midwestern state. A broad perspective which evaluates formal and informal aspects of the teaching and the teaching context can contribute to understanding the types of factors which create the conditions for teacher stress and burnout, leading to eventual departure from the field. While a number of studies have examined how formal role

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responsibilities and general job characteristics affect teachers' perceptions about their work (e.g., Mazur & Lynch, 1989), focused inquiry on less explicit "extra" demands that teachers experience in addition to their formal responsibilities has been less prevalent.

The current study sought to expand understanding of factors which contribute to negative and positive teaching experiences by examining the relationship of stress and burnout to one less formal aspect of the teaching experience — that of providing informal (outside of class time) help to students who are dealing with personal or school-related issues which can not be dealt with at the level of formal classroom instruction. Specifically, this study investigated informal help giving across three groups of teachers — nonspecial education teachers in comprehensive high schools, special education teachers in comprehensive high schools, and special education teachers in special education centers for children diagnosed as having behavioral disorders to determine (a) the structure and context of help giving, and (b) how help giving relates to teachers' sense of accomplishment, burnout, and stress. Before presenting the findings, a brief review of the literature will be presented in the sections below What is known about the role of teachers as informal help providers will be discussed first, and then literature related to the concept of "social support" as a potential framework for thinking about the roles teachers play as informal help providers will be introduced.

Teachers as Providers of Informal Help

Empirically, there is a paucity of literature on the roles teachers play as informal help providers. While professional writings in the field have called for teachers to assume increasing numbers of roles in recent years (see Darling-Hammond, 1989, and Murphy, 1987, for examples), relatively little is known about what informal demands teachers experience and how they allocate time for them. Time surveys that have been conducted, for example, typically focus on formal service provision and rarely include the opportunity for teachers to report on informal help they provide. In one such study (Zabel, Peterson, & Smith, 1988), for example, teacher time use was divided between five activities: teaching, preparation, evaluation, consultation, and *other*. While the *other* category might allow teachers to report on time they spend meeting extra demands such as informal counseling or work with students, respondents may have been operating on the assumption that the study was only to include formal aspects of their work. Thus, there is a need to more explicitly address the areas of informal help giving, when it occurs, and how it relates to the more general teaching experience.

Social Support Theory: A Helpful Framework

Research and theory from the social sciences concerning the construct of social support — or the resources derived from interpersonal relationships — offer one potentially helpful framework for understanding the roles and environmental context of teachers as informal help providers. That area of work has generated a large body of research concerning informal and formal help exchanges, four aspects of which have relevance to the current efforts: (a) identification of help providers, (b) formulation of help typologies, (c) development of ecological models to conceptualize the help exchange process within a broad environmental context, and (d) consideration of the implications of being a help provider.

Teachers As Help Providers

Social support literature has primarily focused on the structure and functions of social support from the perspective of the *receiver*. While the authors' interest here is to help providers, the research on those who receive support can inform issues of help providers by identifying who these people are. Prior work (Barone et al., 1989) concerning the social networks of students, for example, has suggested that students frequently name teachers as important persons in their lives. These findings further suggest that students rely on teachers for a variety of needs including practical advice, emotional support, and companionship. Additionally, this work has suggested that students receiving special education services, in contrast to nonspecial education students, may include teachers more frequently as social network members and may rely on these teachers for more varied types of help. These findings based on student reports suggest that teachers play important roles in students' lives that go beyond their roles as formal educators. They confirm the need to examine informal help giving as an important component of the teaching experience and justify the focus of the current study on teachers' perspectives of this aspect of their work.

Types of Help Exchanges

Several conceptual frameworks have been developed to conceptualize the types of help people receive. While this literature again focuses on help from the perspective of the receiver, some of the refinements concerning help exchanges can inform thinking about providing help. One general approach has been to tally the size of one's social network (e.g., Hirsch, 1979; Sarason, Levine, Basham, & Sarason, 1983) or the number of people who provide the target individual with support. While this approach is attractive because of its relative simplicity, current social support literature has called for a more finely tuned approach which takes into account the functions performed by the network (Vaux, 1988). Mitchell and Trickett (1980), for example, have suggested four types of help exchanges that might be considered: emotional support, task-oriented assistance, information, and communication of expectations (see Vaux, 1988, for additional typologies).

Recently, studies have advocated an even more fine tuned approach which involves looking at social support in light of the specific issues or problems (e.g., Corse, Schmid, & Trickett, in press), the rationale being that the impact of receiving a specific type of support will depend upon how relevant it is to the situation (Cohen & McKay, 1984). Thus, rather than examine emotional support received at a general level, this approach suggests the need to look at help received for a specific problem such as finding a job, dealing with parenting issues, and so forth. This level of specificity has led to more refined notions about how social support can and cannot impact outcomes (see Mermelstein, Cohen, Lichtenstein, Baer, & Kamarck, 1986) in those who receive support. In keeping with this line of thinking, the current study sought to examine teacher help in three specific domains suggested in the literature as being relevant to high school populations: personal problems, academic problems, and career/job issues (Armacost, 1989; Epstein, Kinder, & Bursuch, 1988; Rusch & Phelps, 1987).

Ecological Context of Providing Help

An additional aspect of help giving concerns how help providers perceive the more general context within which they provide help. A variety of ecological theorists have pointed to the need for social support researchers to consider how context influences or creates the conditions of help-seeking and support provision (see Hobfall, 1989, Schmid & Trickett, in press, and Vaux, 1989, for related discussions). One common thread in these ecological viewpoints is the need to address help seeking and giving within a broad context which includes aspects of both the individual and the environment that will affect the eventual supportiveness of interactions. From this perspective, help exchanges will be influenced by how the environment provides resources more generally (e.g., the diversity and availability of support) and nature of specific support incidents (e.g., the appropriateness of support offered, whether support is utilized as intended).

While again this literature has been developed primarily from the perspective of those who *receive* support, ecological considerations are also appropriate in considering those who provide help to others. For example, help exchanges which occur in the context of limited general resources may be more likely to create more stress in providers than those which occur where resources are plentiful. Furthermore, providing help which is not fully utilized may also create stresses in the help exchange process, particularly from the perspective of the provider. In this study, then, the authors selected two aspects of the school context which might be relevant to teacher support provision: (a) how teachers perceived the adequacy of resources in the general school context, and (b) how teachers perceived the adequacy of student use of those resources.

Implications of Providing Help

In addition to consideration of help exchanges and context at a general level, the social support literature has also begun to examine some of the implications of the help process from the perspective of the help provider. Three major issues flow from this literature: the need to consider positive benefits of being a help provider, the need to consider negative aspects of being a help provider, and the need to consider the context of help giving.

In terms of the first, the literature has long recognized the benefits of contributing to another person's welfare. Theorists have noted that providing support to others can contribute to feelings of self-efficacy and enhance one's feelings of making a valid contribution to society. "The major benefit for providers comes from knowing that, because of them, others' lives may be better" (Shumaker & Brownell, 1984, p. 29).

In contrast, an emerging body of literature has speculated that being a help provider also may have its costs. At a basic level, the energy it takes to care must be considered. Though conceptualized somewhat differently by different authors, caring can become frustrating and emotionally distressing when multiple demands exceed finite personal and temporal resources (Belle, 1982; Coyne, Wortman, & Lehmann, 1988). In the case of teachers, distress may increase when student demands for extra help compete with time allotted for class preparation, administrative duties, personal responsibilities, and/or leisure.

Another concern is the context of caregiving. Some have suggested that being a help provider under certain circumstances may be particularly costly. Coyne, Wortman, and Lehmann (1988), for example, in their analysis of families in which a member was experiencing serious illness, have suggested that help provision may become particularly problematic when stressors are severe, long lasting, or unpredictable; when there is little evidence that help is working; or when there is a lack of supplemental care. While these findings relate to families confronting serious illness, the general notion underlying these findings likely applies to many different caregiving situations — that is, the circumstance and context in which help giving occurs will affect the quality of the help giving experience.

The three findings from the social support literature (need to consider positive outcomes, negative outcomes, and address context) formed the basic structure for considering implications of help providing in the current study. An additional concern was to select outcome variables which specifically related to teachers' perceptions of their work. Rather than discuss general distress and satisfaction indicators as in the social support literature, the intent was to focus specifically on outcomes related to job experience.

Two constructs which are often addressed in the education literature seemed particularly helpful in this regard. One involves the notion of teacher stress. This is generally defined as the strain or negative distress teachers experience in dealing with their jobs. A second domain concerns the notion of *burnout*. As defined by Maslach and Jackson, (1981, 1986), *burnout* involves three components: emotional exhaustion (feelings of being emotionally overextended), depersonalization (unfeeling response toward people), and lack of personal accomplishment (lack of feelings of competence and achievement). The inclusion of these dimensions as outcomes in the current study was deemed particularly relevant because (a) these domains of burnout have been linked to teacher turnover and absenteeism (Maslach, 1982); and (b) the personal accomplishment scale yields a measure that will allow for assessment of the potentially gratifying nature of the work (i.e., feelings of personal accomplishment) in addition to its two negative outcomes.

Hypotheses

Extending the general findings in the social support literature to these specific variables yielded several hypotheses. Consistent with notions that providing help can be both costly and gratifying, it was predicted that time spent providing help would be related to feelings of personal accomplishment as well as to feelings of stress and burnout. In keeping with other literature which has found that caring may be most costly when given in the context of little supplemental care or minimal responsiveness, it was also predicted that help providers who perceived that school resources were inadequate, or who perceived that students used resources inadequately, would experience greater stress and burnout.

METHOD

Subjects

The sample consisted of 142 teachers from 8 comprehensive high schools serving special education and nonspecial education youths and 3 special education centers serving youths with behavioral disorders. The schools were located in urban and suburban areas near metropolitan areas. All special education teachers at the 11 schools were given the questionnaire. In addition, questionnaires were distributed to randomly selected nonspecial education teachers at 5 of the comprehensive high schools. Of the distributed protocols, 92% were returned and usable for analysis. The final samples included 45 special education teachers working in special education centers, 51 special education teachers working in comprehensive high schools, and 46 nonspecial education teachers working in comprehensive hig schools.

The background characteristics of the three sample groups were roughly comparable across sex, race, age, marital status, and experience level — 61% of the total sample was female, 61% white, 37% black; the mean age was 40.9 years; most of the sample was married (60%); and the average length of teaching experience at the current school was 8.2 years. Chi-square tests suggested that the randomly selected subsample of nonspecial education teachers was representative of teachers at their schools more generally, with no differences noted in gender, age, or race.

Measures

Student Resource Use. This measure was developed for this study and is based on teacher interviews concerning how students use help and how schools provide help. The questionnaire assesses how much time teachers spend giving informal help as well as additional aspects of help seeking and giving in the general school context. Three separate domains of helping are addressed: academic assistance, career or job help, and help with personal problems. Specifically, the measure asks teachers to (a) indicate approximately how many hours per week outside of classtime they spend providing the three different types of help, (b) whether they perceive school resources in each of the three areas to be adequate (answered yes or no), and (c) to estimate the proportion of students who use available resources adequately (1 = hardly any to 5 = almost all) for each of the three domains.

Maslach Burnout Inventory - Revised (MBI). The burnout measure developed and revised by Maslach and Jackson (1981, 1986) was used to assess the extent of teacher burnout. The scale consists of 22 items which the respondent rates on a 7-point Likert scale to indicate frequency (*never* to *every day*). The statements are divided into three subscales, each measuring a separate component of burnout: emotional exhaustion (EE), client depersonalization (DP), and lack of personal accomplishment (PA). Prior research (Maslach & Jackson, 1986) with the subscales suggests adequate internal consistency (Chronbach's alphas = .90 EE, .79 DP, .71 PA) and relatively high test-retest reliability (.60 to .82 over a 2- to 4-week interval).

Teacher Occupational Stress Factor Questionnaire (TOSFQ). Teacher stress was measured by the *Teacher Occupational Stress Factor Questionnaire* (Clark, 1980). This 30-item scale was initially developed for the more general teacher population. It asks respondents to rate the stressfulness of various aspects of their work using a slightly modified version of Clark's 5-point Likert scale. The internal consistency coefficient for the modified scale as used in the current study was .91.

(For the purposes of the current study, Likert scale anchor points were changed to make the scale more conventional. The original endpoints *not stressful* and *extremely stressful* remained the same, while the midpoint of the scale was changed to read *moderately stressful* rather than *considerably stressful.* The second and fourth anchor points were unlabeled points intended to reflect stress levels between the end and midpoints.)

Procedure

Questionnaire packets were distributed to teachers outside of classtime, and in a few instances, were placed in mail boxes. Each packet contained a letter of explanation, the questionnaires described above, and a survey concerning background characteristics. Teachers were asked to complete the packets when convenient and were given a number to call should they have questions. Researchers picked up the packets the following week and paid participants a nominal sum in appreciation for their time.

RESULTS

Three types of analyses were conducted. First, descriptive analyses were done to describe the amounts of informal help teachers provide during a typical week. Second, summary statistics were computed to determine how teachers viewed the context within which they provide help — how adequate they viewed resources in the school and how adequately they believed students made use of those resources. Third, in order to examine how time spent and contextual factors might relate to burnout and stress, amounts of time spent and ratings about adequacy of school resources and resources use were correlated with scores from the *Maslach Burnout Inventory* and the *Teacher Occupational Stress Factor Questionnaire*.

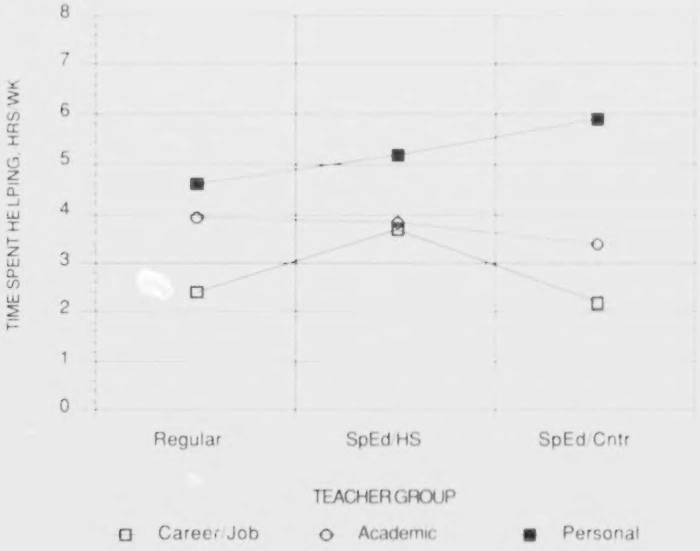

Figure 1. *Teachers' provision of help.*

Amount of Informal Help Provided

Figure 1 shows the amount of informal help that teachers provide to students across the domains of academic, career, and personal concerns. The pattern of help provision was generally the same across teacher groups: most extra help was directed at providing assistance to students around personal problems, with relatively less outside of classtime spent on academic or career related

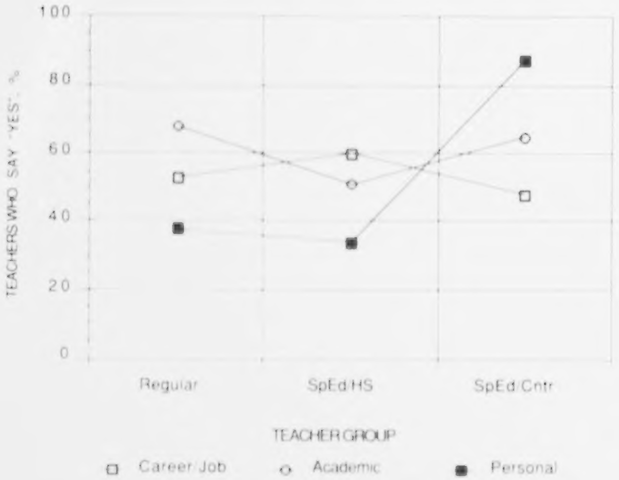

Figure 2. *Adequate resources available at setting.*

issues. The average amount of time spent providing extra academic or career/job help ranged about 2 to 4 hours per week for each category across the different teacher groups, while the amount of time spent providing help for personal problems ranged about 4.5 to 6 hours.

Perceptions of the School Context

The next series of analyses were conducted to describe teachers' perceptions of the general school context in which help giving occurs. These analyses summarize teacher beliefs about (a) the adequacy of the school resources in general, and (b) the extent to which students used resources adequately. Figure 2 shows the proportion of teachers who indicated available resources were adequate across the three domains of academic, career/job, and personal concerns.

There appeared to be considerable variance in the degree to which teachers in different settings believed their schools provided students with adequate resources to deal with personal problems. While 87% of the teachers who worked in special education centers believed these resources were adequate, less than 40% of special education and nonspecial education teachers who worked in comprehensive high schools believed those resources were adequate. Teacher beliefs about the adequacy of resources for academic and career needs were more similar among the teacher groups, with one-half to two-thirds of the teachers in each group indicating that the resources their schools provided were adequate and one-third to one-half of the teachers reporting resources in these areas were inadequate.

Figure 3 shows teacher ratings of the proportion of students who use resources adequately across the three domains of academic, career/job, and personal concerns. Special educators at special education centers judged stu-

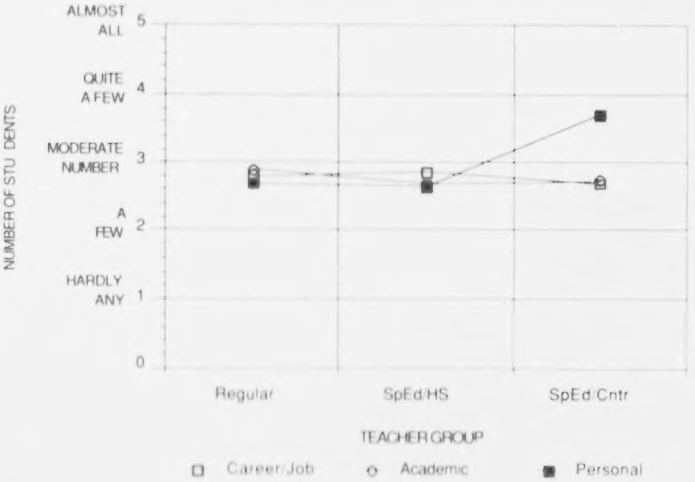

Figure 3. *Students who adequately use resources.*

dent use of helping resources to deal with personal problems to be quite prevalent, but judged the number of students who made use of academic and career resources to be more moderate. Regular and special education teachers at comprehensive high schools likewise judged that a moderate number of students adequately use academic, career/job, and personal helping resources at the school. Taken together, these findings suggest that while there are students who do make use of resources — particularly special center students dealing with personal problems — there remain a number of areas in which teachers, across settings, believe student resource use could be more adequate.

Help Providing, Stress, Accomplishment, and Burnout

A final concern was to relate time spent providing help to students and perceptions of the school context to teacher stress, personal accomplishment, and burnout. To test the expectation that amount of time spent would be related to feelings of personal accomplishment, stress, and burnout, Pearson correlations were computed between the overall amount of time spent in informal helping and the Personal Accomplishment, Emotional Exhaustion, and Depersonalization scales of the Maslach Burnout Inventory and the total score from the Teacher Occupational Stress Factor Questionnaire. These are presented in Table 1. Consistent with prediction, amount of time spent was found to be significantly related to feelings of Personal Accomplishment ($r = .22$, $p < .01$). However, contrary to expectation, the amount of time spent was not related to feelings of emotional exhaustion, depersonalization, or stress. Thus, only positive teacher feelings were related to extra time spent with students.

To test the prediction that teacher perceptions about the context of the school (i.e., perceptions of the adequacy of school resources and the adequacy of student resource use) would relate to teacher outcomes of stress, personal accomplishment, emotional exhaustion, and depersonalization, additional correlations were computed.

(For the sake of parsimony, total scores for perceived adequacy of school resources and perceived adequacy of student use of those resources were computed. A total score for perceived adequacy of school resources was obtained by collapsing teacher adequacy scores across the three dimensions. The creation of an overall score was supported by the significant positive correlation of perceived adequacy across the three domains of academic, career, and personal problems. Likewise, total score for adequacy of student resource use was obtained by combining ratings across the three domains. Here, too, a positive correlational pattern supports the use of a combined score.)

Consistent with prediction, teachers who felt that their schools had inadequate helping resources reported higher levels of overall teacher stress and more frequent feelings of Emotional Exhaustion ($r = -.28$, $p < .001$) and Depersonalization ($r = -.22$, $p < .05$). Also consistent with expectation, the more adequately students are perceived to use helping resources at the school, the less frequently teachers report feelings of Emotional Exhaustion ($r = -.19$, $p < .05$) and Depersonalization ($r = -.17$, $p < .05$) and teacher stress ($r = -.22$, $p < .01$). Furthermore, teachers report more frequent feelings of Personal Accomplishment when students are perceived to use school resources adequately ($r = .25$, $p < .001$). These findings are also summarized in Table 1 and suggest that the way teachers perceive the school is significantly linked to feelings of stress, burnout, and accomplishment.

TABLE 1

Relationship of Different Aspects of Help Provision with Teacher Burnout and Stress (N = 142)

	Teachers' Provision of Help	Availability of Resources	Students' Use of Resources
Teacher burnout:			
Emotional exhaustion	-.14	$-.28^c$	$-.19^a$
Depersonalization	-.16	$-.22^a$	$-.17^a$
Personal accomplishment	$.22^b$	-.03	$.25^b$
Teacher stress	.10	$-.32^c$	$-.22^b$

$^a p < .05$; $^b p < .01$; $^c p < .001$

DISCUSSION

High rates of attrition and turnover among teachers suggest the need to develop a comprehensive understanding of both informal and formal aspects of teaching that may contribute to stress and burnout leading to departure from the profession. The purpose of this study was to examine one informal aspect of teaching that has received relatively little attention — informal help giving. In particular, this study investigated how much time teachers spent providing help to students outside of classtime, how teachers perceived school-level factors related to help giving and seeking, and how time spent and perceptions of the school related to stress, burnout, and personal accomplishment.

The findings from the current study suggest that teachers spend a substantial amount of time providing informal help to students and that this aspect of their work affects how they feel about their job. Specifically, it was found that teachers across settings spend upwards of 10 hours per week on such outside help. Teachers report that most of the informal time involves helping students deal with problems related to families, peers, boyfriends or girlfriends, and/or behavior; they report spending relatively less outside time providing academic or job assistance. The time spent providing informal help was generally similar across teacher groups; and across the groups it was found that the more time teachers spent in providing this type of help, the more likely they were to indicate feelings of personal accomplishment.

These findings have implications for understanding teacher roles and use of time and provide directives for teacher training. The role of teachers as providers of informal help should be recognized. The authors' earlier findings (Barone et al., 1989) suggest that students rely on teachers for various types of assistance. Current results suggest teachers spend a substantial amount of time providing informal help to students and gain a sense of accomplishment from this aspect of their work. Thus, in defining teacher roles and in making additional demands on teachers, the time-consuming yet gratifying nature of informal help provision should be taken into account. The finding that teachers direct most of their efforts towards helping students manage personal problems also suggests workshops might appropriately be directed at providing teachers with training in mental health issues and counseling techniques.

The results also have implications for how one thinks about the relationship between help provision and burnout. The current findings suggest that the amount of time a teacher spends providing help may not be as important in contributing to burnout as are other factors in the general school context. Specifically, the amount of time individual teachers spent providing help was not related to burnout and stress as predicted. However, the degree to which teachers felt students used resources inadequately or to which the setting lacked adequate resources was directly related to feelings of stress, emotional exhaustion, and depersonalization. While the findings in the current study are only correlational in nature and therefore need to be regarded with some caution, they suggest that intervention to manage negative teaching experiences be directed at the contextual level. Strengthening the environments in which teachers work by increasing the adequacy of setting resources and/or creating the conditions for more adequate use of resources by students may be more effective means of combating burnout and stress than by attempting to change individual teacher responsibilities or coping skills (see Schmid and Trickett, in press, for a discussion of school-level interventions).

In summary, this study provides a preliminary look at the role of teachers as providers of informal support. Future work might expand on these findings by examining additional individual and ecological aspects of providing help. Examining specific strategies teachers utilize in dealing with students and how helpful they perceive these strategies to be is one means of identifying areas for training. Also, it would be interesting to examine aspects of settings which create the conditions for providing help and which promote student use of resources in order to develop school-level interventions directed at reducing burnout.

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